DOCUMENT RESUME

ED 101 510 95 EC 071 228

TITLE	A Plan for Educational Consultant Services for Preschool Handicapped Children. Final Report.
INSTITUTION	Allegheny County Schools, Pittsburgh, Pa. Exceptional Children's Program.
SPONS AGENCY	Bureau of Elementary and Secondary Education (DHEW/OE), Washington, D.C.
PUB DATE	30 Jun 74
NOTE	63p.
EDRS PRICE	MF-$0.76 HC-$3.32 PLUS POSTAGE
DESCRIPTORS	*Consultation Programs; Exceptional Child Education; *Handicapped Children; Home Visits; Interdisciplinary Approach; Itinerant Teachers; *Parent Education; *Preschool Education; Preschool Evaluation
IDENTIFIERS	Elementary Secondary Education Act Title VI; ESEA Title VI

ABSTRACT

Presented is the final report of a 1973-74 Title VI project which provided educational consultant services for approximately 67 preschool handicapped children in Allegheny County, Pennsylvania. Explained is the project's use of a medical, psychosocial, educational team approach to provide parent education, and teaching of handicapped children in the home and in preschools throughout the county. Steering committee members, cooperating agencies, and information dissemination strategies are listed, and referral and assessment procedures are summarized. The major portion of the document consists of five appendixes containing the following information: a statistical analysis of project participants; a list of services provided (such as educational evaluation); examples of referral forms used and a summary of referral sources; assessment data from pre- and postdevelopmental evaluations; and summaries of parent and staff reactions to the project. (LS)

ED1015510

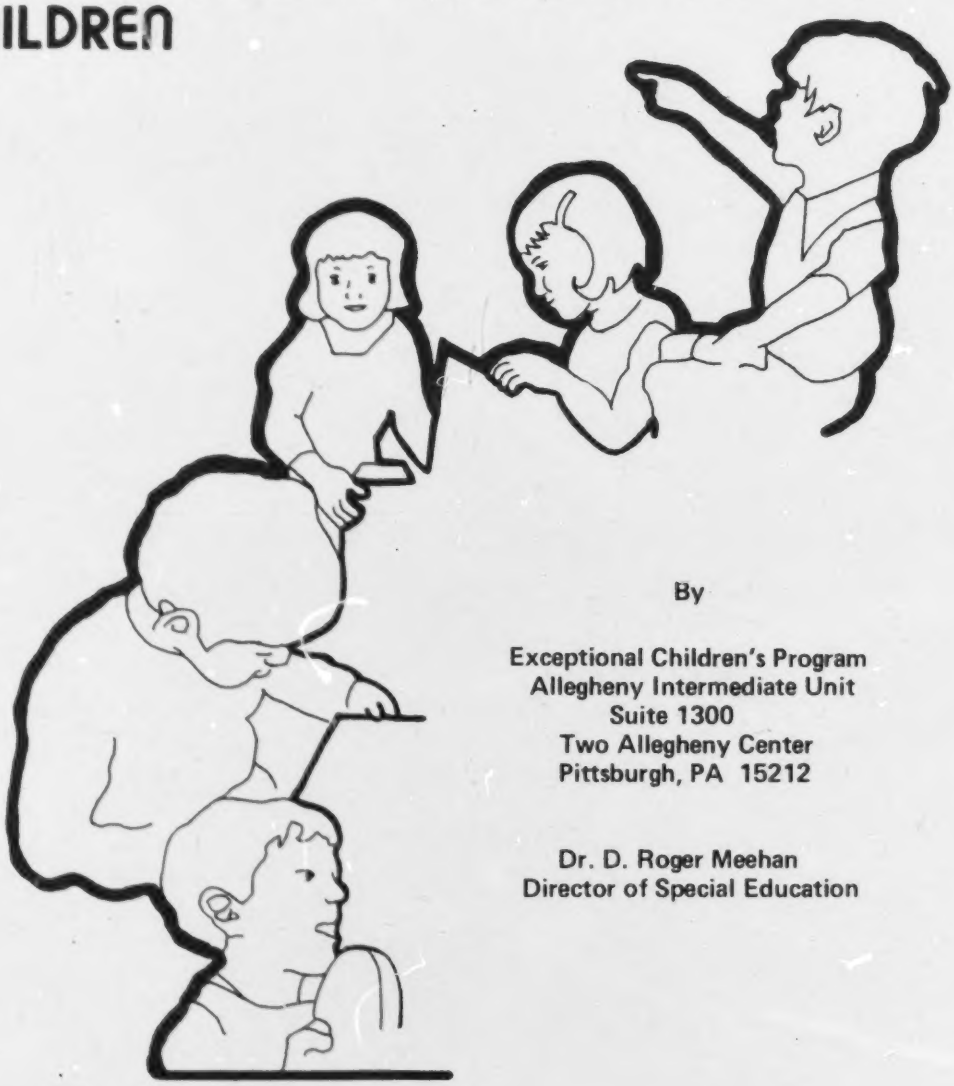
U.S. DEPARTMENT OF HEALTH
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

EC

BEST COPY AVAILABLE

final report

A PLAN FOR EDUCATIONAL CONSULTANT SERVICES FOR PRESCHOOL HANDICAPPED CHILDREN



By

Exceptional Children's Program
Allegheny Intermediate Unit
Suite 1300
Two Allegheny Center
Pittsburgh, PA 15212

Dr. D. Roger Meehan
Director of Special Education

Submitted Under Part B, EHA, Title VI, P.L. 91-230
June 30, 1974

EC071202

Based on the most recent United States Census, it has been estimated that in Allegheny County alone, exclusive of the City of Pittsburgh, there are approximately 10,000 handicapped or impaired children under six years of age. Since the State of Pennsylvania is lacking mandated or permissive education for pre-school handicapped children, the Allegheny Intermediate Unit by law is unable to provide programs and services in this area. Many of these children, for a variety of reasons, do not fit or have not been entered into already existing programs sponsored by private pre-schools, agencies, or medical facilities, many of which are medically, not educationally oriented.

During the 1973-74 school year, the Project for Pre-School Handicapped Children, a federally-funded program under E.S.E.A., Title VI-B, has helped to eliminate this lack of services by providing educational consultant services for pre-school handicapped children. A statistical analysis of project participants can be found in Appendix A.

The philosophy of the program was based on research that showed the effectiveness of early childhood education programs for the handicapped. Early intervention and parent education appear to be successful not only in terms of high I.Q. gains, but eventually from a financial point of view in total cost to society.

STEERING COMMITTEE

A Steering Committee consisting of representatives of public schools, non-public schools, medical facilities, and agencies concerned with handicapped children recommended direction for implementation of the project and future considerations for the program. The following persons served as the Steering Committee for the 1973-74 school year:

STEERING COMMITTEE

Chairman:

Dr. Mary W. Moore
Program for the Visually Handicapped
Department of Special Education and Rehabilitation
University of Pittsburgh
Pittsburgh, Pennsylvania 15213

Mrs. Rose Grossman
Acting Director of Welfare Services
Pittsburgh Blind Association
308 S. Craig Street
Pittsburgh, Pennsylvania 15213

Elizabeth C. Harmuth, L.P.T.
Director of Easter Seal Services
14 Wood Street
Pittsburgh, Pennsylvania 15222

Dr. David A. Hiles
Ophthalmologist
3500 Fifth Avenue
Pittsburgh, Pennsylvania 15213

Dr. Janet Klineman, Director
Lower School
Western Pennsylvania School for Blind Children
Bayard at Bellefield Streets
Pittsburgh, Pennsylvania 15213

Sister Philomena Mannion
DePaul Institute
Castlegate Avenue
Pittsburgh, Pennsylvania 15226

Miss Mary Lou Ende
Nurse Specialist
Developmental Clinic of Children's Hospital
125 DeSoto Street
Pittsburgh, Pennsylvania 15213

Mr. William Casile, Director
Pre-School Program
Pennsylvania Association for Retarded Children
1001 Brighton Road
Pittsburgh, Pennsylvania 15223

EX OFFICIO MEMBERS

Dr. D. Roger Meehan, Director
Exceptional Children's Program
Allegheny Intermediate Unit
Suite 1300
Two Allegheny Center
Pittsburgh, Pennsylvania 15212

Miss Eleanor Long, Supervisor
Program for the Visually Handicapped
Department of Special Education
P. O. Box 911
Harrisburg, Pennsylvania 17126

Mrs. Ruth White
Curriculum Director
Exceptional Children's Program
Allegheny Intermediate Unit
Suite 1300
Two Allegheny Center
Pittsburgh, Pennsylvania 15212

The Title VI-B Project worked closely with the Allegheny Intermediate Unit and the various school districts within the County. As students from the Title VI Project may eventually be entering an AIU special school or district school, it was necessary that the children's records be made available upon request.

AGENCY COOPERATION

The following agencies and schools coordinated their services with this project:

Allegheny County Community Coordinated Child Care, Inc.
Allegheny County Mental Health/Mental Retardation
Developmental Clinic, Children's Hospital of Pittsburgh
Department of Special Education and Rehabilitation, University of Pittsburgh
Easter Seal Services
Home for Crippled Children
Pennsylvania Association for Retarded Children
Pittsburgh Hearing and Speech Society
United Cerebral Palsy
Western Pennsylvania School for Blind Children
Western Pennsylvania School for the Deaf

As a member of Allegheny County Community Coordinated Child Care, Inc., which consists of representatives from various organizations servicing handicapped children, the Title VI program actively participated in coordinating the availability, goals, and objectives of various programs. This is an attempt to reduce duplication

of services and, at the same time, educate the public as to what services are available for the very young handicapped child.

Due to the nature of involvement of the handicapped child and especially the multi-handicapped child, the Title VI-B staff worked very closely with the above agencies. A medical, psycho-social, educational team approach was employed. While some of the services were provided directly, others were purchased, or children were referred to more appropriate settings. A summary of the services provided can be found in Appendix B.

DISSEMINATION

Dissemination was carried out in various ways. Throughout the year, it included:

Talks - Annual School Directors Convention (Allegheny County)
Annual Spring Conference for Teachers of the Visually Handicapped
Allegheny Intermediate Unit School Board Meeting

Newspaper and Journal Articles- 40 Weekly Newspapers

Three Daily Newspapers
Newsletter Editors: United Cerebral Palsy, Easter Seal, and Pennsylvania Association for Retarded Citizens
December, 1973, Journal of the Pennsylvania Federation, Council for Exceptional Children

Spot Radio and T.V. Coverage

Distribution of Project Brochures To - Parent Teacher Association Council

Presidents
District Superintendents
District Special Education Liaison
Principals of Seven Special Schools
Carnegie Library
Pennsylvania School Board Association Convention
All Mental Health/Mental Retardation Catchment Areas
Legislators
Various Medical and Special Agencies
State Council for Exceptional Children's Convention
Allegheny Intermediate Unit Local Task Force
Local and National Individuals Requesting Information
Area Pre-Schools

REFERRAL PROCEDURES

A referral system was established with medical facilities, social agencies, school districts, and pre-schools. Referral procedures consisted of forwarding to the project one of two types of forms: (1) for the use of medical personnel, or (2) for the use of school districts, pre-schools, and agencies. As a result of dissemination of information throughout the community, many of the referrals were received directly from family or friends of a handicapped child. These referrals were made informally, by phone or by letter. See Appendix C for examples of the forms used and a summary of the sources of referrals.

PROGRAM SUMMARY

The trained staff consisting of three Master degrees, Special Education teachers with backgrounds covering visually impaired, hearing handicapped, and mentally retarded went into the homes. Some teaching was carried out in the home setting, working directly with the children. While in the home, the staff had the opportunity to give the parents information about their child's handicap, to help them understand his limitations and abilities, and to demonstrate educational methods and procedures. Other teaching was carried out on an itinerant basis, serving handicapped children who had been placed in pre-school settings throughout the county.

The program considered normal growth and development in the areas of: speech and language, gross and fine motor skills, perceptual and conceptual functioning, self-help skills, social and emotional growth, and the level of functioning of each of the children when considering the normal pattern. Based on his strengths and weaknesses, individual programming was implemented.

Contact time with the child was extended by utilizing one full-time aide with a B.S. degree and graduate students from the University of Pittsburgh, Department of Special Education and Rehabilitation.

The project over the past four years has developed a lending toy library. These materials were used with the child in the tutoring sessions and were left with the parent until the child had mastered the concept or skill intended.

When a child became of age that he could benefit from group activities and instruction, the project staff assisted in placement of the child in an existing area pre-school. Tuition and transportation were provided if the parents could not afford such.

The current educational trend is to integrate exceptional children with the normal peer population. Where this was feasible, it was done. Twelve of the children have been enrolled into four normal pre-schools. Consultation services were provided to the pre-school staff. If the pre-school staff so desired, the project teachers worked with the child individually in the pre-school setting.

ASSESSMENT

Assessment of the children was done upon entrance into the program and again in May, 1974. This data is available in Appendix D. The information is based on Dr. Verna Hart's Unpublished Developmental Scale and Checklist.

Parent reaction and the reaction of the staffs of the pre-schools were solicited. This evaluation was subjective in nature and can be found in Appendix E.

The communication skills and language development of each child was assessed by using the Communicative Evaluation Chart from Infancy to Five Years, compiled by Ruth M. Anderson, Madelin Miles, and Patricia A. Matheny, or the Illinois Test of Psycholinguistic Abilities by Samuel A. Kirk, James J. McCarthy, and Winifred D. Kirk. As a pre and post assessment instrument, The Visual Efficiency Scale, Natalie C. Barraga, Editor, or the Cumulative Record of Visual Functioning of Children and Youth with Severe Visual Impairment by Madge Leslie and Kathern Gruber was used for visually handicapped children to establish visual functioning. All assessment of auditory functioning was carried out by qualified audiological experts at one of several medical facilities in the area. Assessment was done on entrance to the program and at intervals deemed necessary by the staff. Assessment of conceptual functioning

was done when the child entered the program and upon completion of the year. The Slossons Intelligence Test was utilized. The Self-Help Skills Scale by Dr. Verna Hart was used as an assessment tool and as a guide for instruction in this area. Gross and fine motor skills were assessed by the Denver Developmental Screening Test and the Developmental Gross and Fine Motor Skills Checklist developed by Dr. Verna Hart (unpublished). Assessment of social and emotional development was accomplished, using the Maxfield-Bucholz Scale of Social Maturity or the Vineland Social Maturity Scale. If any child was not able to be assessed on any of the previously mentioned instruments, the Developmental Scale and Checklist (unpublished) by Dr. Verna Hart, Coordinator of the Program for Early Childhood Education for the Handicapped, Department of Special Education and Rehabilitation, University of Pittsburgh, was used to record the child's growth patterns.

Conclusion

The 1973-74 federally-funded Title VI-B, E.S.E.A. Project for Preschool Handicapped Children was extremely successful. Evidence of this is presented in Appendix D where using pre- and post-evaluation procedures, the majority of children demonstrated gains in the various developmental areas.

Twelve children were able to be accepted into already existing preschool programs. Tutoring and consultation services by the Project staff made it possible for the handicapped child to benefit from his own individual program while being afforded the opportunity to interact with normal peers in group situations. Five of these children will enter into the public school system in September.

The program has clearly demonstrated the value and indeed the necessity for early training of handicapped children. It has also clearly demonstrated the value of training parents in the educational techniques which should enhance the development of their children.

It has been estimated that cost per child per year to receive educational services within the Project for Preschool Handicapped is approximately $800. This figure should be compared with the cost per child per year in a residential school - $5,500. The program has been successful not only in terms of higher I.Q. gains but also from a financial point of view in total cost to society.

BEST COPY AVAILABLE

APPENDIX A

STATISTICAL ANALYSIS OF PROJECT PARTICIPANTS

Total Children Involved in Program:

45 - Active Service
4 - Limited Service (Seen less than once a month by staff or financially subsidized only)
18 - Inactive Service (Children were active at one time in the program; due to death, parent relocation, uncooperativeness of parents, or placement in other programs, these children are no longer active)

67 - TOTAL CHILDREN SERVED

9 - New referrals unable to be served due to staff limitations

76 - TOTAL

Number of Children Being Served in the Following Age Groups:

0 - 3 years	25
3 - 4 years, 8 months	25
4.8 - 5 years, 8 months	12
5.8 - 12 years	5

Approximate Percent of Children Drawn from the Following Mental Health/ Mental Retardation Catchment Areas: (See map)

9A-1	6%	9D-1	12%
9A-2	14%	9D-2	12%
9B-1	5%	9E-1	0%
9B-2	11%	9E-2	23%
9C-1	0%	WC-3	16%
9C-2	1%		

Primary Handicaps of Children:

	Number currently in preschool population
Hearing Impaired	3
Visually Impaired	17
Speech	3
Learning Disabled	3
Physically Handicapped	11
Emotionally Disturbed	5
Mentally Retarded	25

BEST COPY AVAILABLE

Statistical Analysis of Project Participants (Continued)

Degree of Disability in Project Population:

Severe	33.5%
Moderate	35.0%
Mild	31.5%

Percent of Preschool Project Children with Multiple Handicaps:

33%

Program Characteristics:

Homebound	34 children
Preschool Placement	15 children
Financially Subsidized Only	3 children

BEST COPY AVAILABLE

APPENDIX B

SERVICES PROVIDED

	Provide Direct Service	Purchase of Service	Refer
Medical Evaluation			X
Medical Treatment			X
Health Screening			X
Developmental Diagnosis			X
Physical Therapy			X
Educational Evaluation	X		
Remedial Education	X	X	X
Psychological Therapy		X	X
Speech Therapy		X	X
Audiological Therapy	X		
Parent Counseling			X
Parent Education	X		

BEST COPY AVAILABLE

APPENDIX C

ALLEGHENY INTERMEDIATE UNIT EXCEPTIONAL CHILDREN'S PROGRAM

TITLE VI-B PROJECT E.S.E.A.

PROJECT FOR PRESCHOOL HANDICAPPED CHILDREN

Medical Referral Form

To help prevent early social and sensory deprivation in handicapped children, i.e., visually, auditorially, mentally, emotionally, or physically handicapped, the Allegheny Intermediate Unit is currently conducting a program which enables certified special education teachers to give direct educational service to parents and their children in their homes. It is suggested that these children be referred as soon after birth as possible.

Please forward the following information to:

Director - Miss Mary L. Casillo
Program for Preschool Handicapped Children
Allegheny Intermediate Unit #3
618 Gregg Avenue
Bridgeville, Pennsylvania
Phone: 412-221-1773
412-221-1774

Date _____

Name of Child _____

Name of Parent or Guardian _____

Address _____

Phone _____

Name of Medical Facility _____

Address _____

Phone _____

Handicapping Condition _____

_____

_____

Signed _____

Title _____

ALLEGHENY INTERMEDIATE UNIT EXCEPTIONAL CHILDREN'S PROGRAM

TITLE VI-B PROJECT E.S.E.A.

PROJECT FOR PRESCHOOL HANDICAPPED CHILDREN

Agency Referral Form

To help prevent early social and sensory deprivation in handicapped children, ie., visually, auditorially, mentally, emotionally, or physically handicapped, the Allegheny Intermediate Unit is currently conducting a program which enables certified special education teachers to give direct educational service to parents and their children in their homes. It is suggested that these children be referred as soon after birth as possible.

Please forward the following information to:

Director - Miss Mary L. Casillo
Program for Preschool Handicapped Children
Allegheny Intermediate Unit #3
618 Gregg Avenue
Bridgeville, Pennsylvania
Phone: 412-221-1773
412-221-1774

Date _____

Name of Child _____ Birthdate _____

Name of Parent or Guardian _____

Address _____

Phone _____

Child's Handicap _____

_____

_____

Name of Agency _____

Agency Phone _____

Agency Address _____

Caseworker (counselor) assigned: _____

Is this family currently receiving casework (counseling) services? _____

Signed _____

Title _____

APPROXIMATE PERCENT OF PRESCHOOL POPULATION THAT WERE REFERRED TO THE PROJECT FROM THE FOLLOWING SOURCES

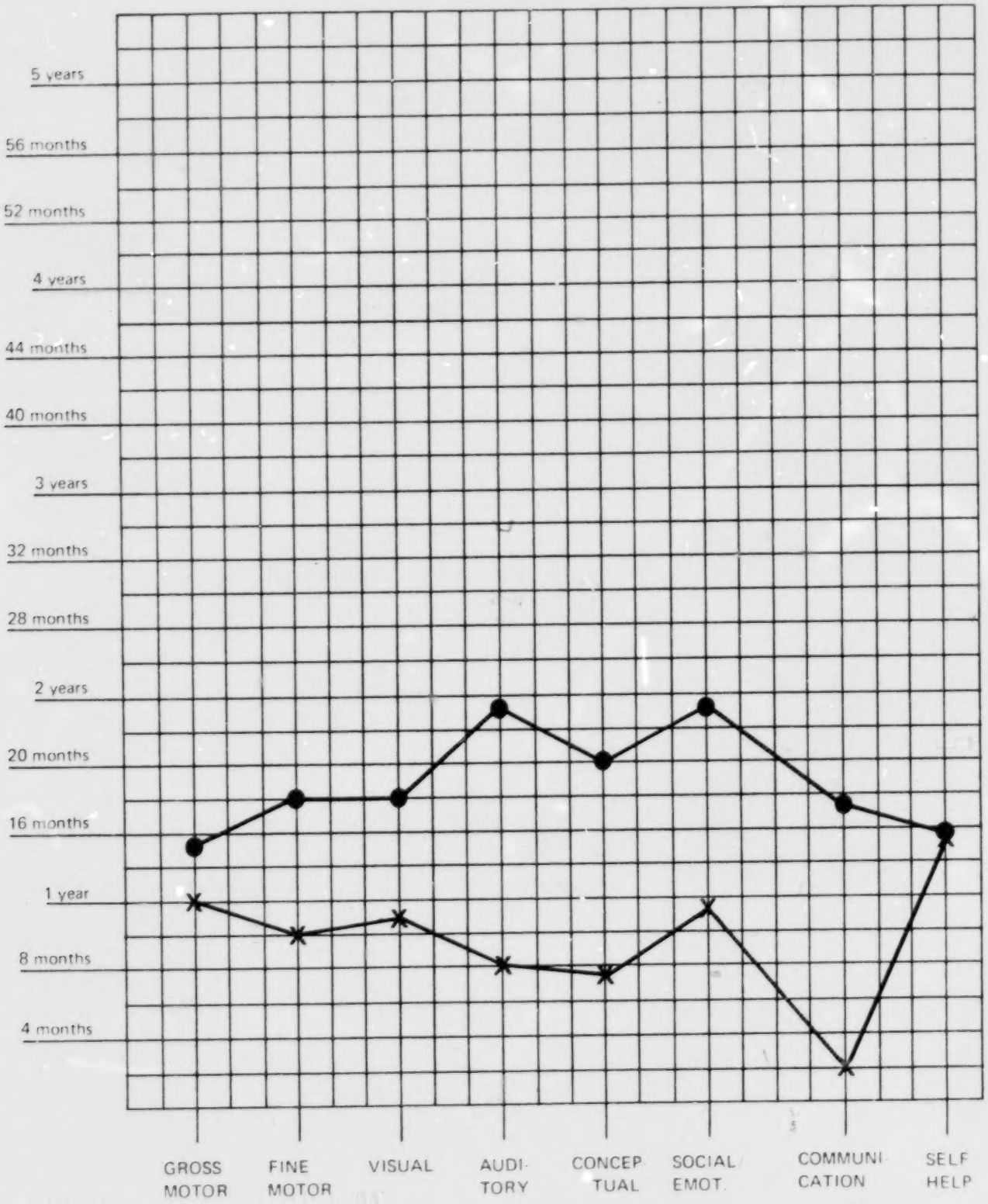
	%
Medical Diagnostic Clinics	3.0
County Health Department	1.5
MH/MR Base Service Units	15.4
Private Physicians	3.0
Parent Referral	3.0
Out-Reach (AIU Census)	9.3
Pennsylvania Association for Retarded Citizens	15.4
United Cerebral Palsy	6.2
Pittsburgh Blind Association	13.9
Parent-Teacher Association	3.0
Easter Seal	4.7
Family & Children Services	1.5
Preschools	15.4

BEST COPY AVAILABLE

APPENDIX D

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

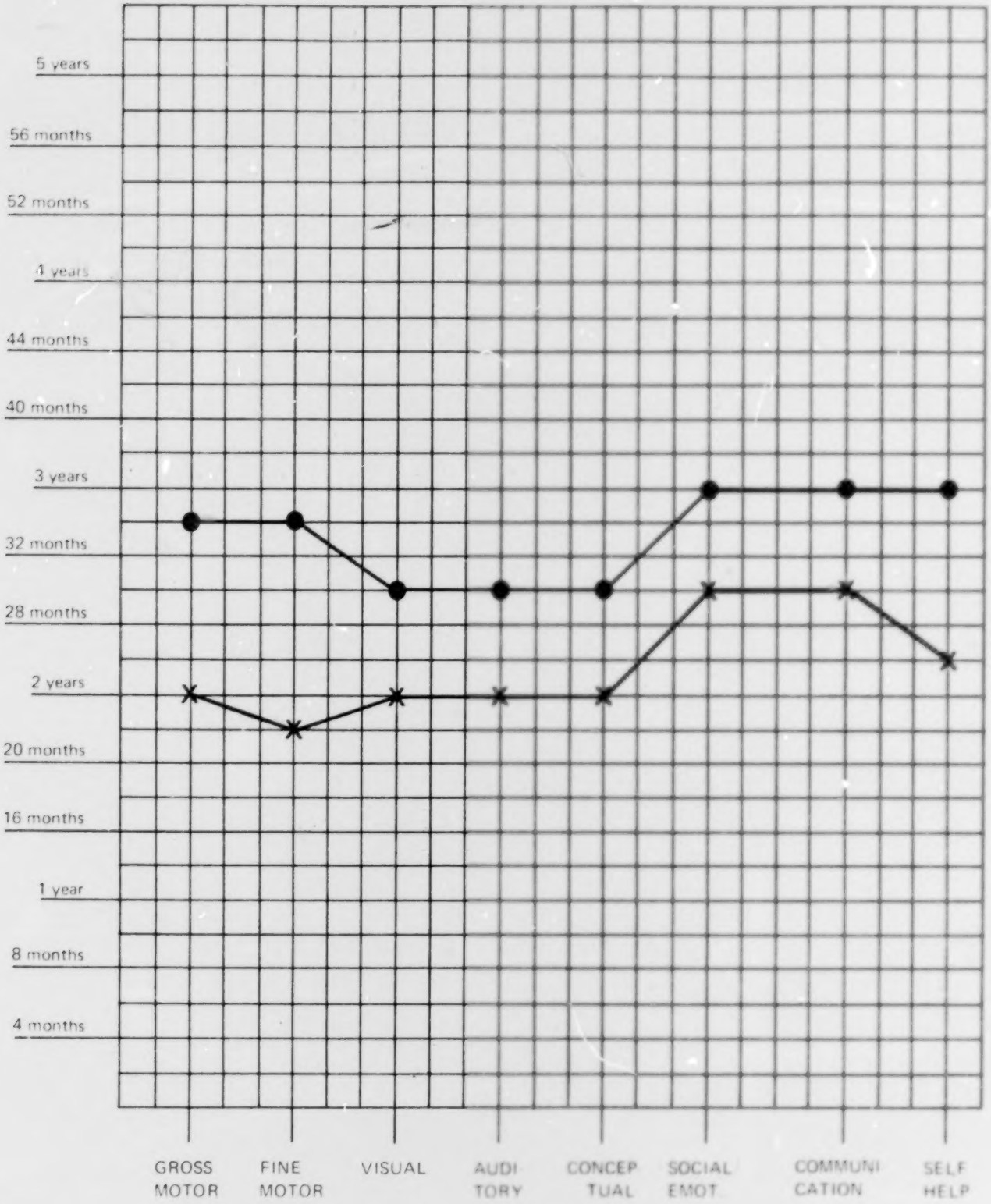


Initial Testing X **2 years, 6 months**

Final Testing ● **3 years, 1 month**

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

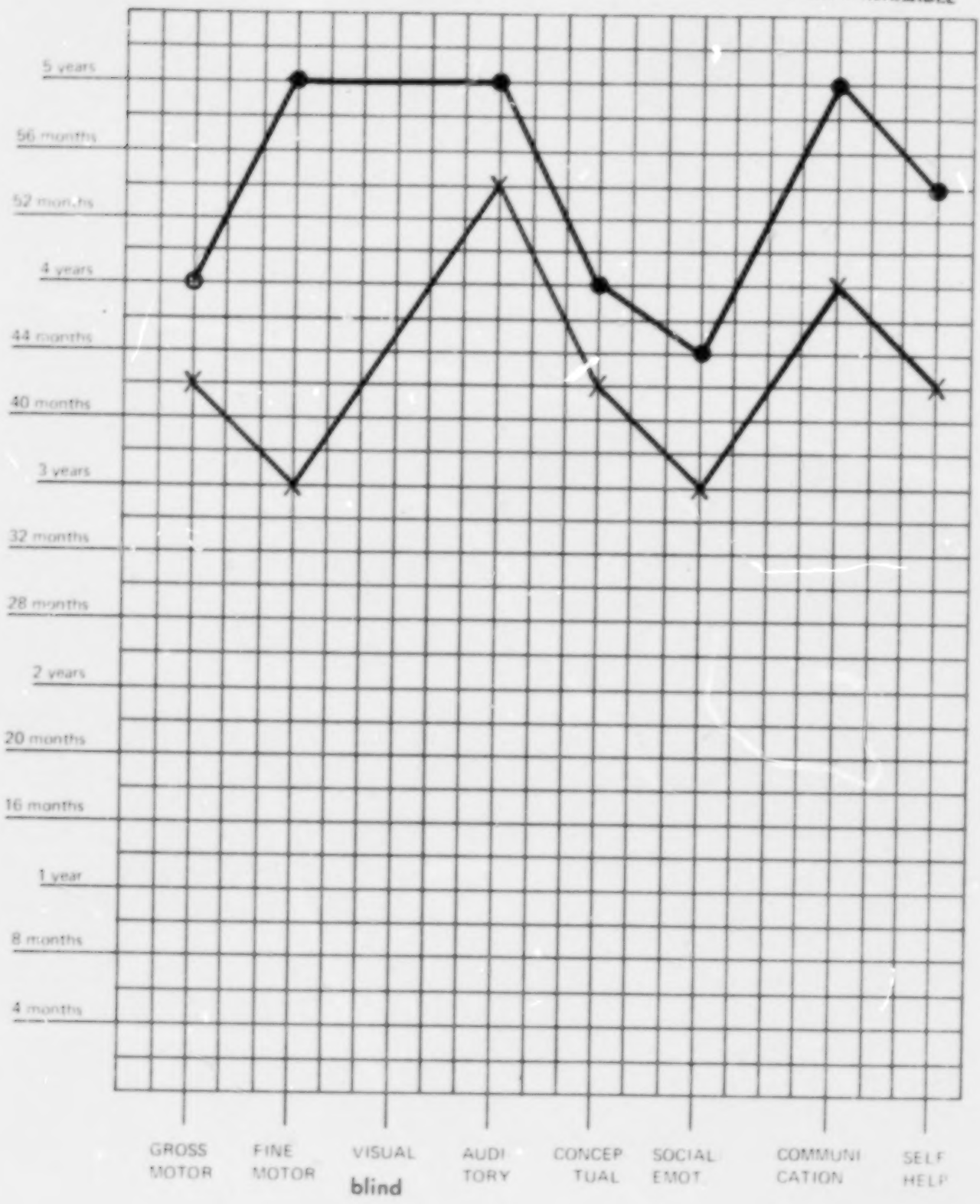


Initial Testing X 2 years, 4 months

Final Testing ● 2 years, 9 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

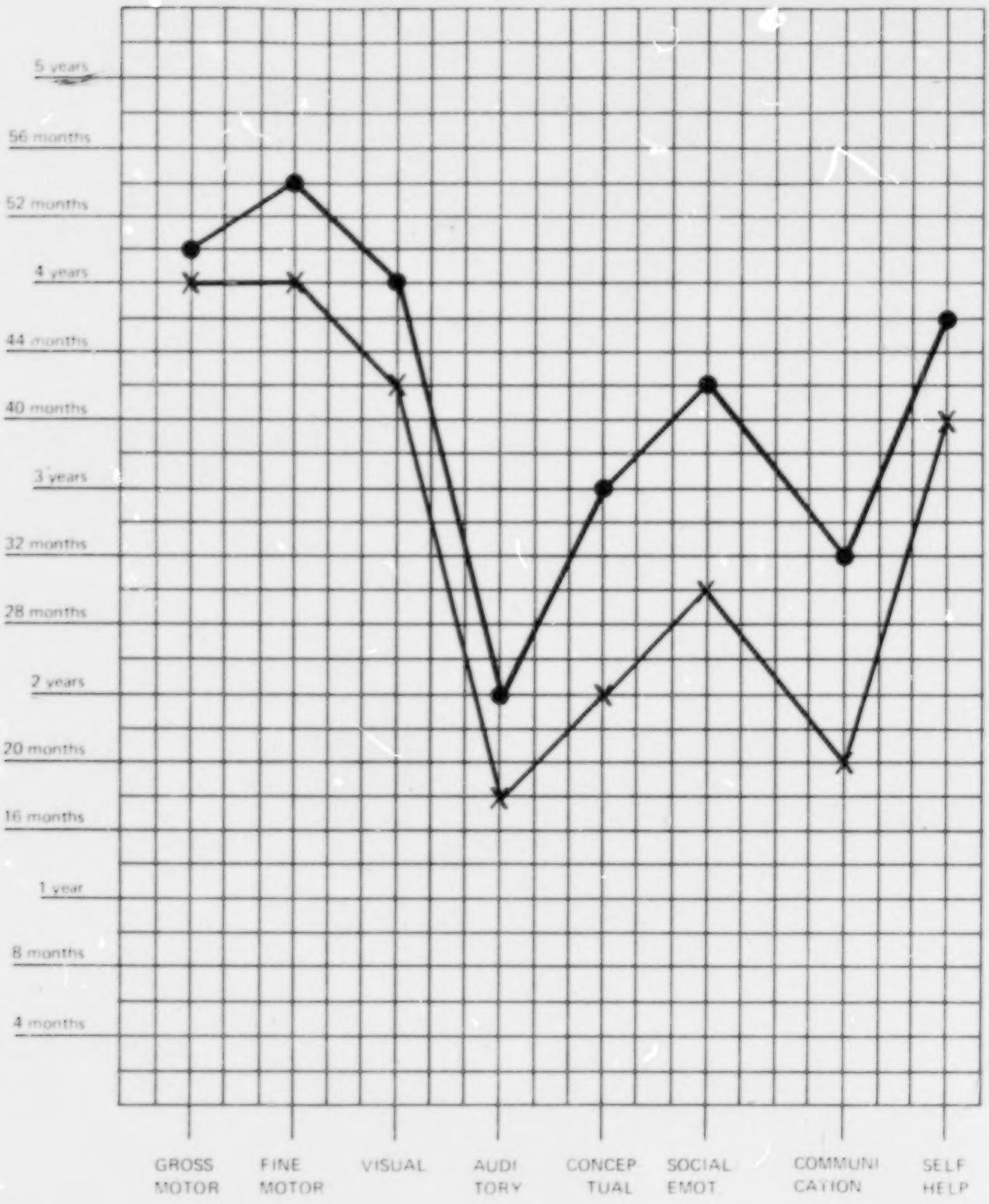


Initial Testing X 4 years, 7 months

Final Testing ● 4 years, 1 month

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

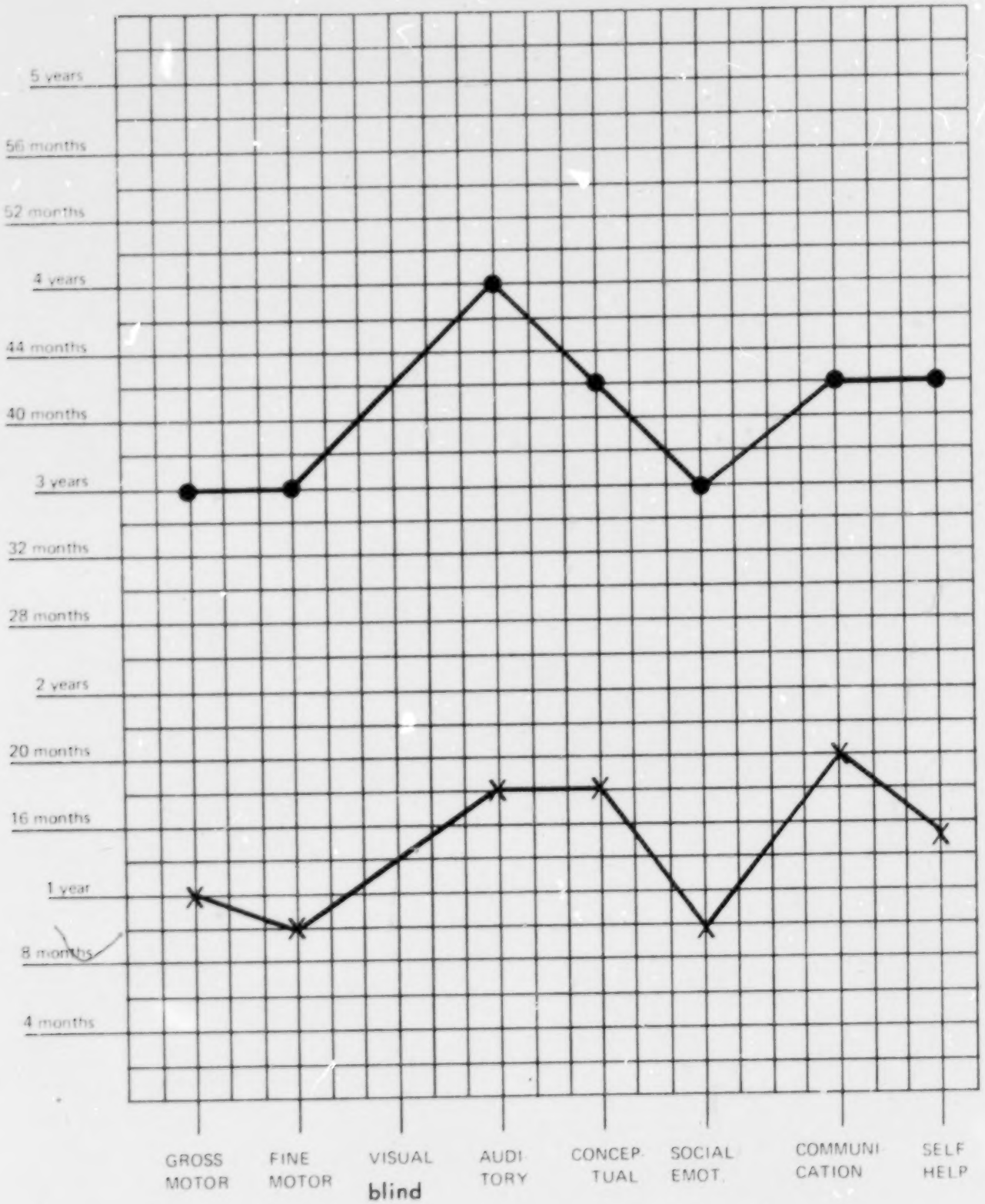


Initial Testing X 4 years, 3 months

Final Testing ● 4 years, 9 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

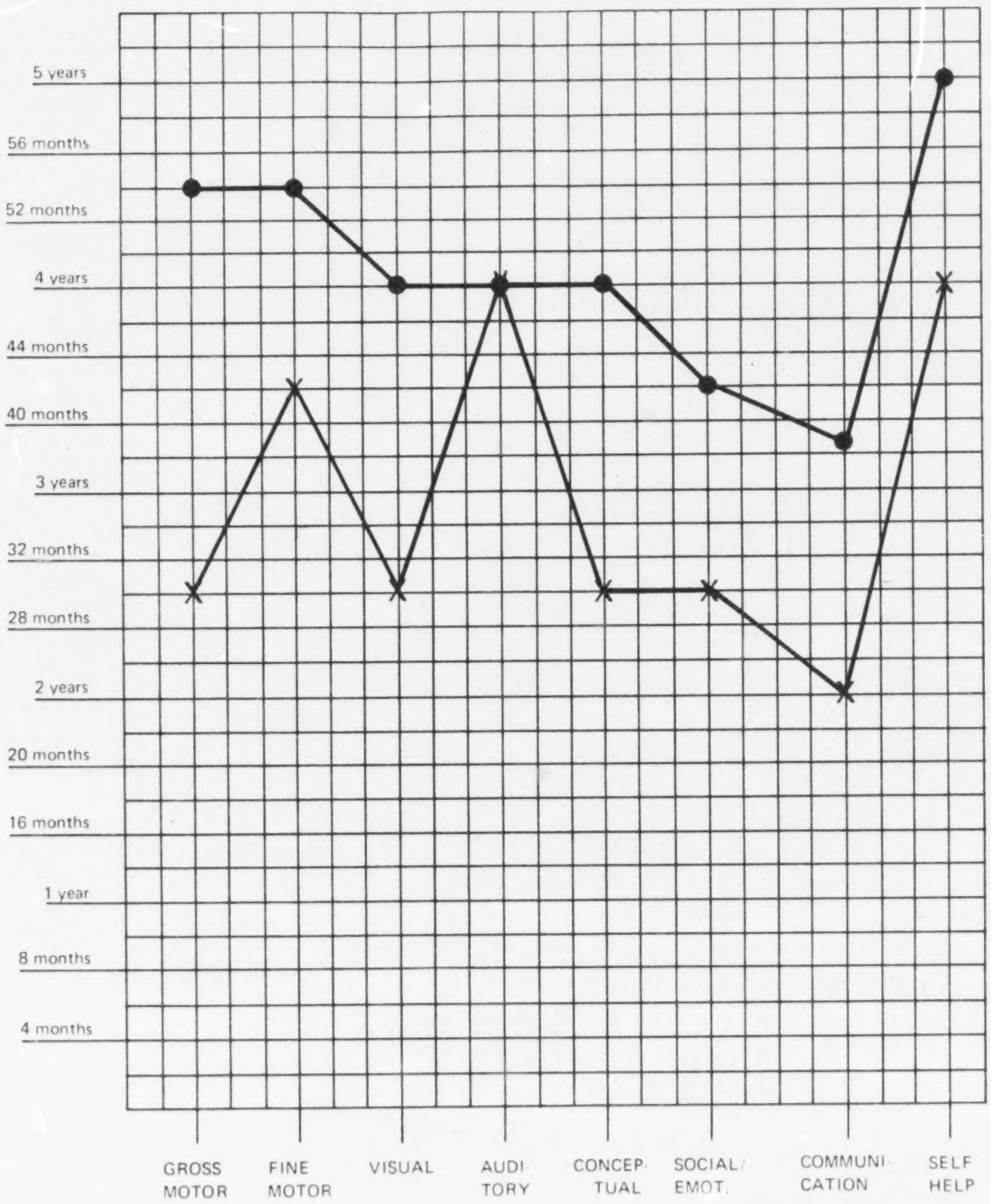


Initial Testing X 3 years, 1 month

Final Testing ● 3 years, 8 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

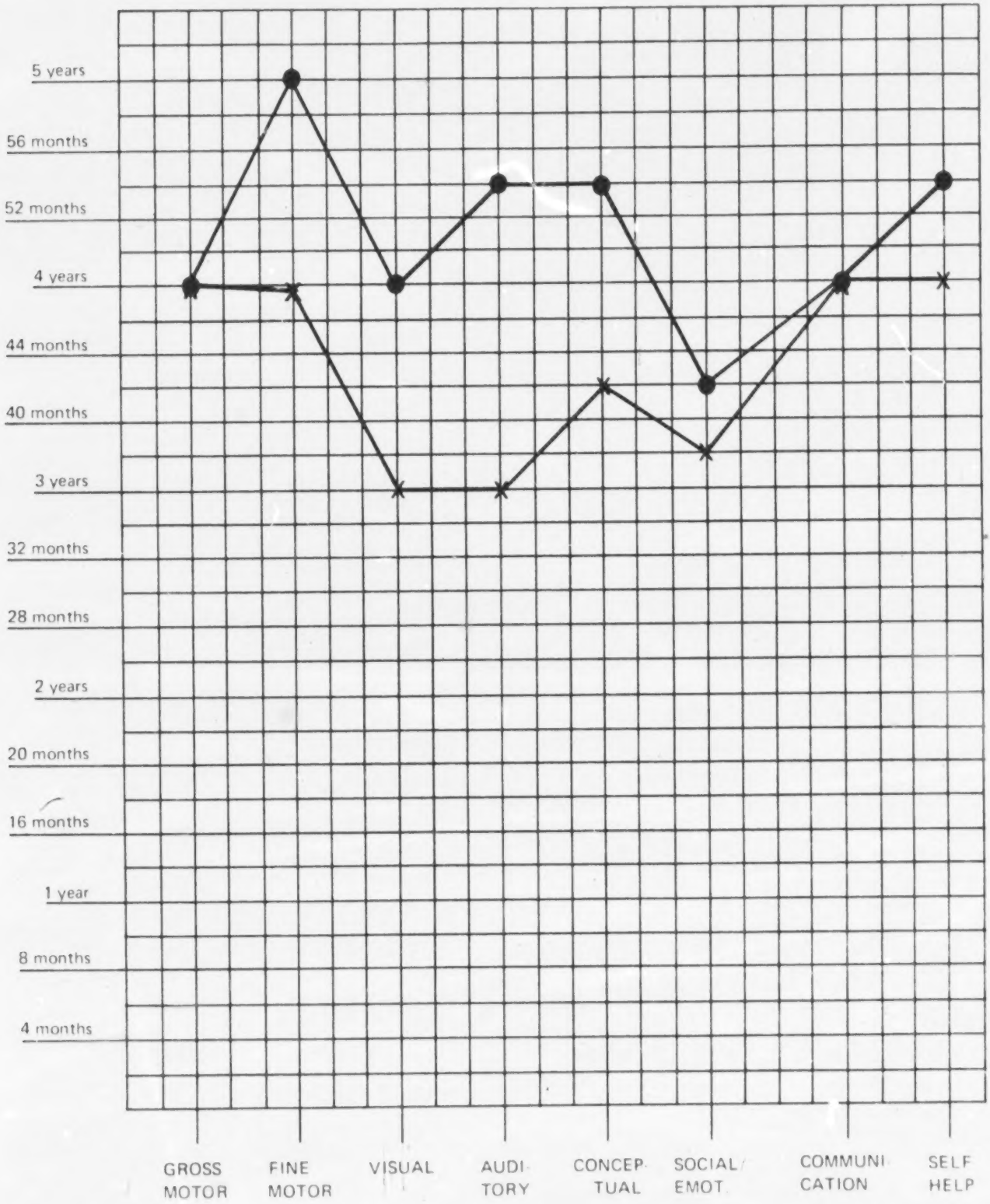


Initial Testing X 2 years, 8 months

Final Testing ● 3 years, 2 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

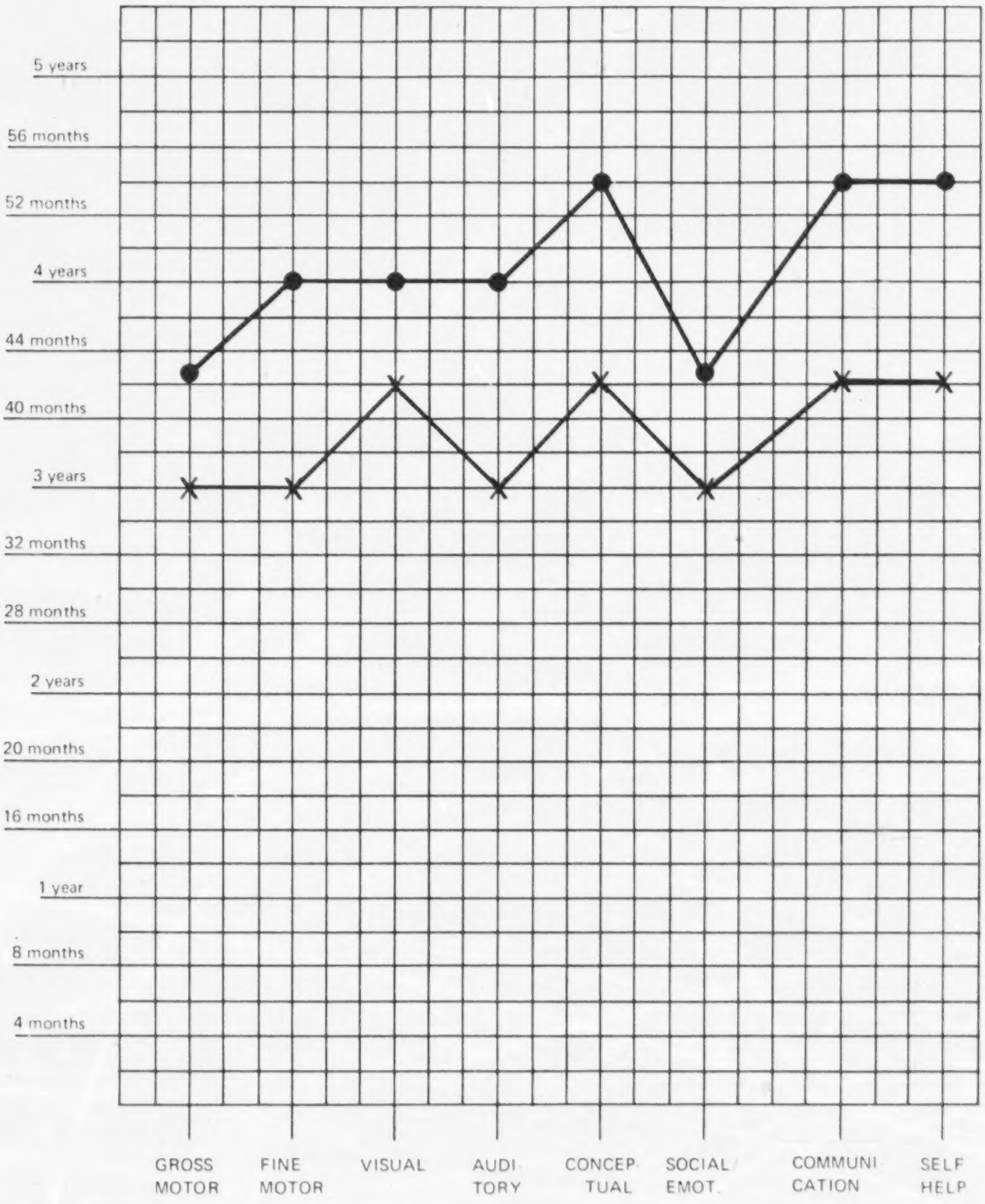


Initial Testing X 3 years, 1 month

Final Testing ● 3 years, 7 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

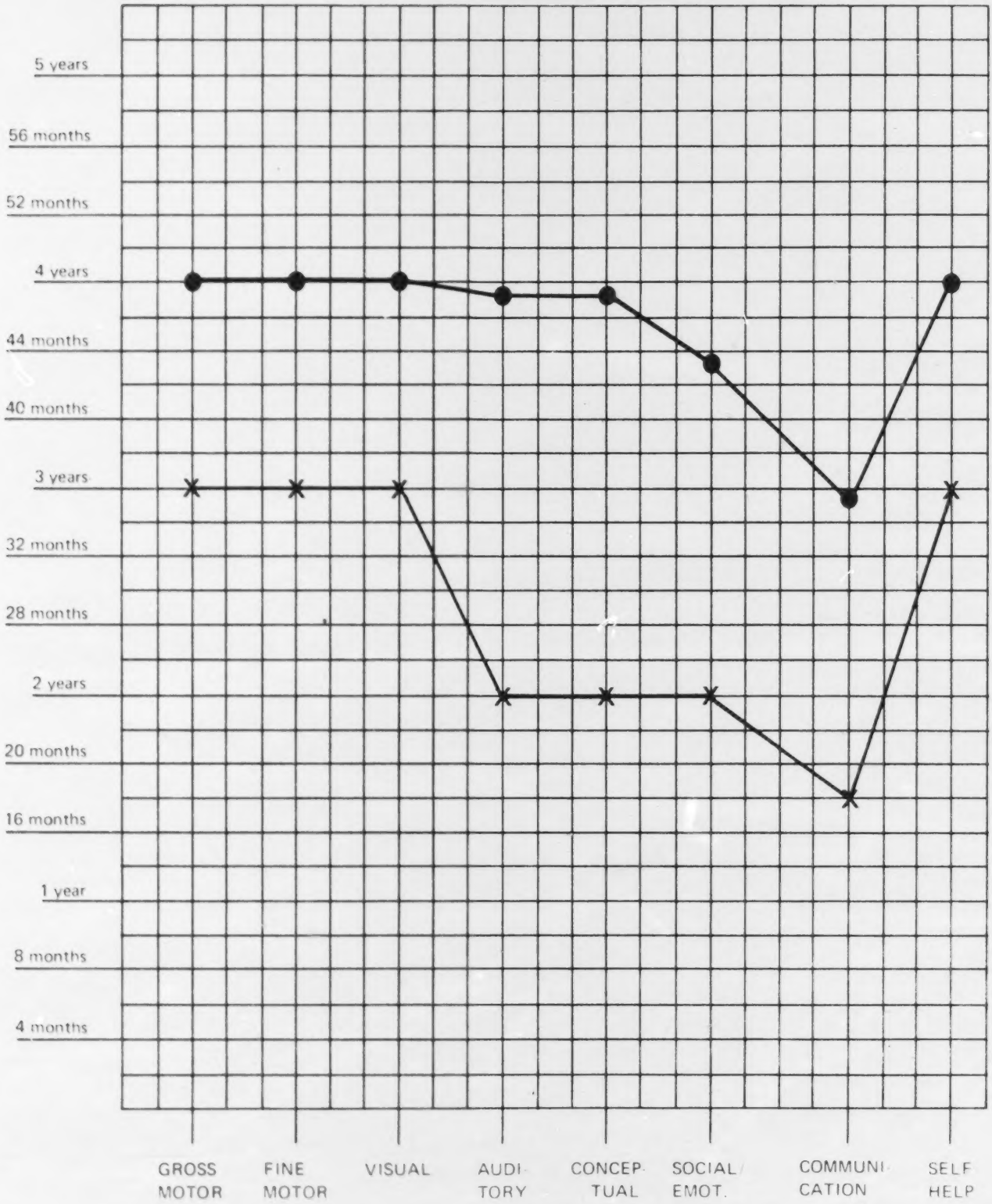


Initial Testing X 2 years, 1 month

Final Testing ● 3 years, 6 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

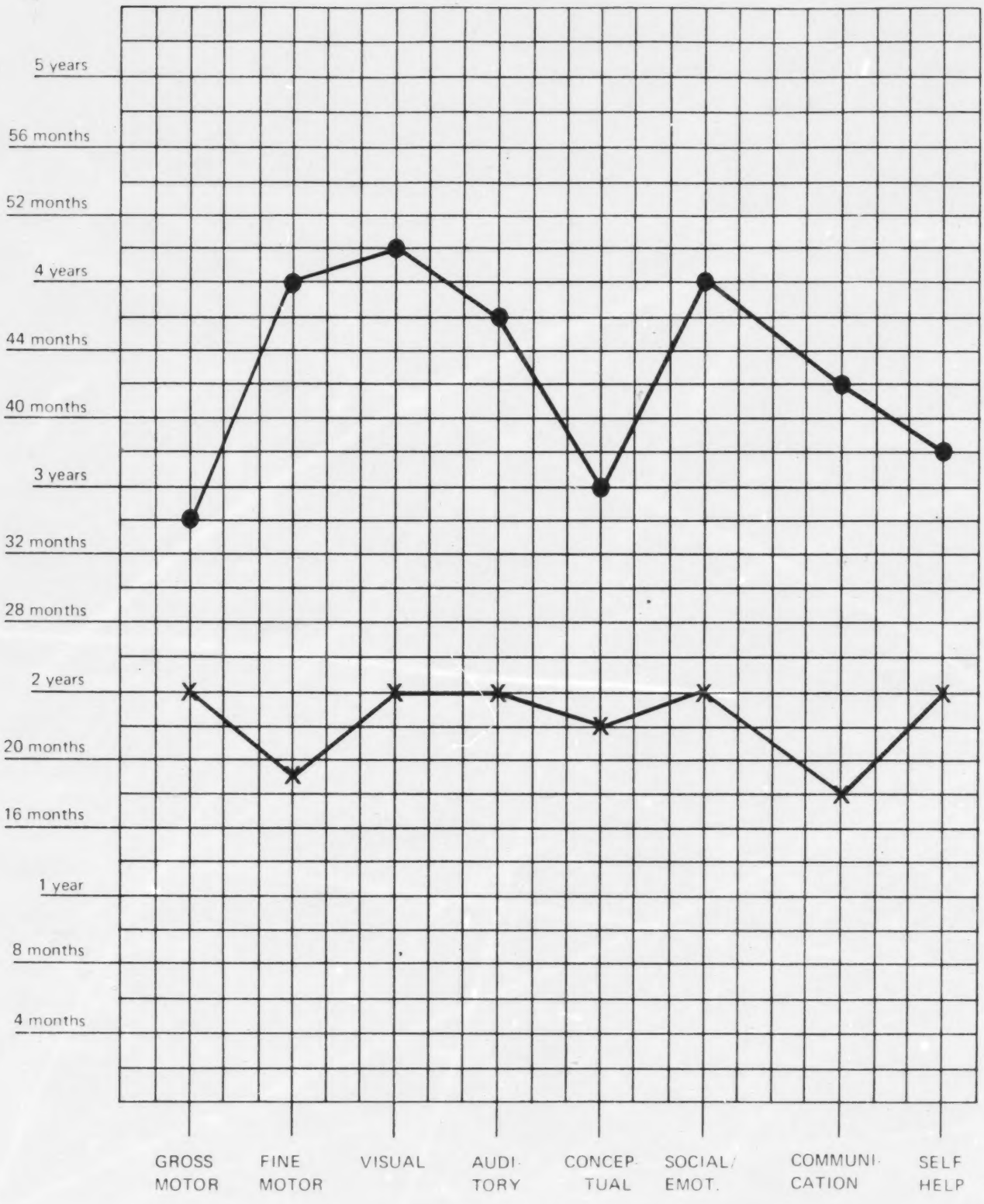


Initial Testing X 3 years, 4 months

Final Testing ● 4 years

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

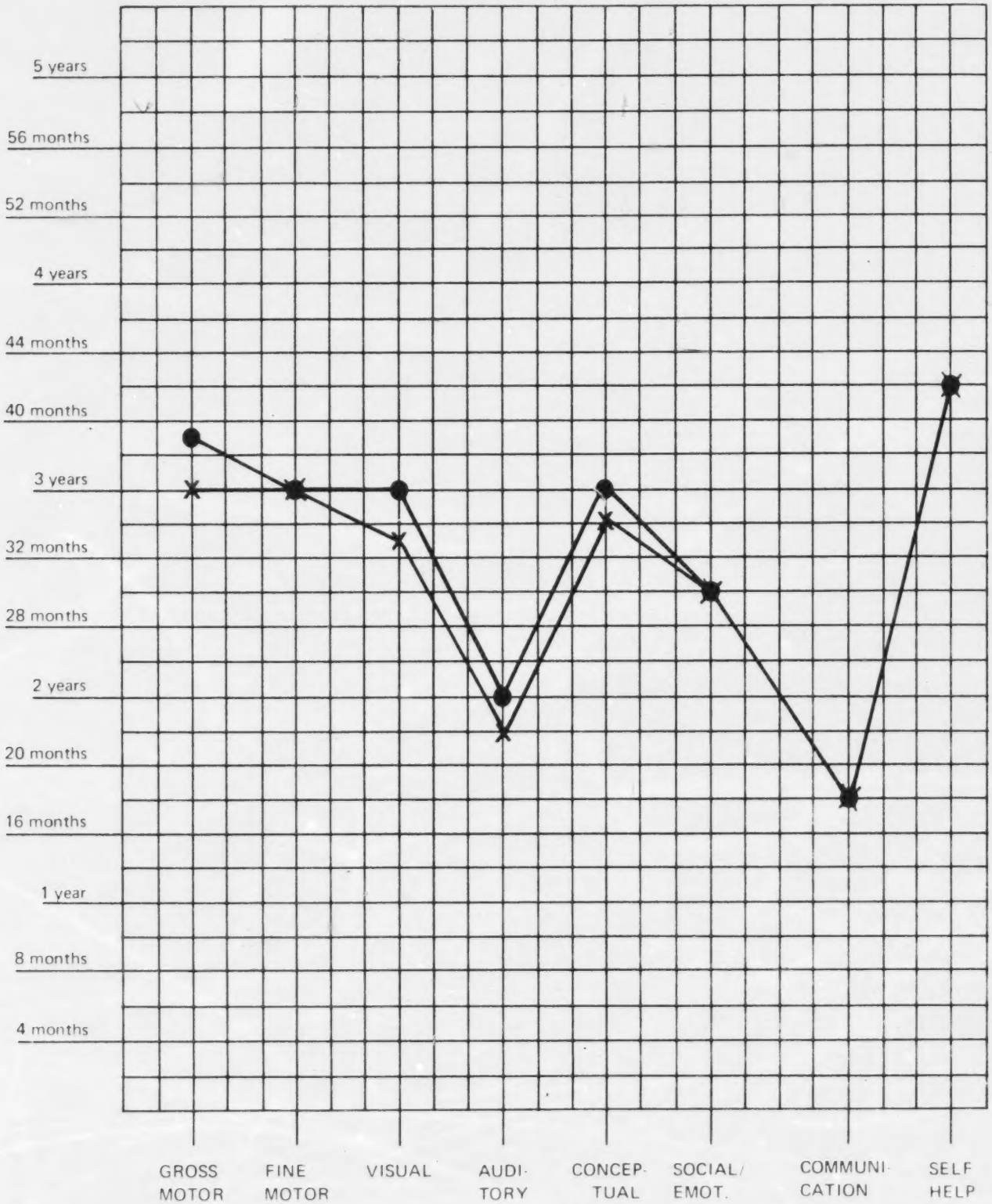


Initial Testing X 3 years, 1 month

Final Testing ● 4 years, 4 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

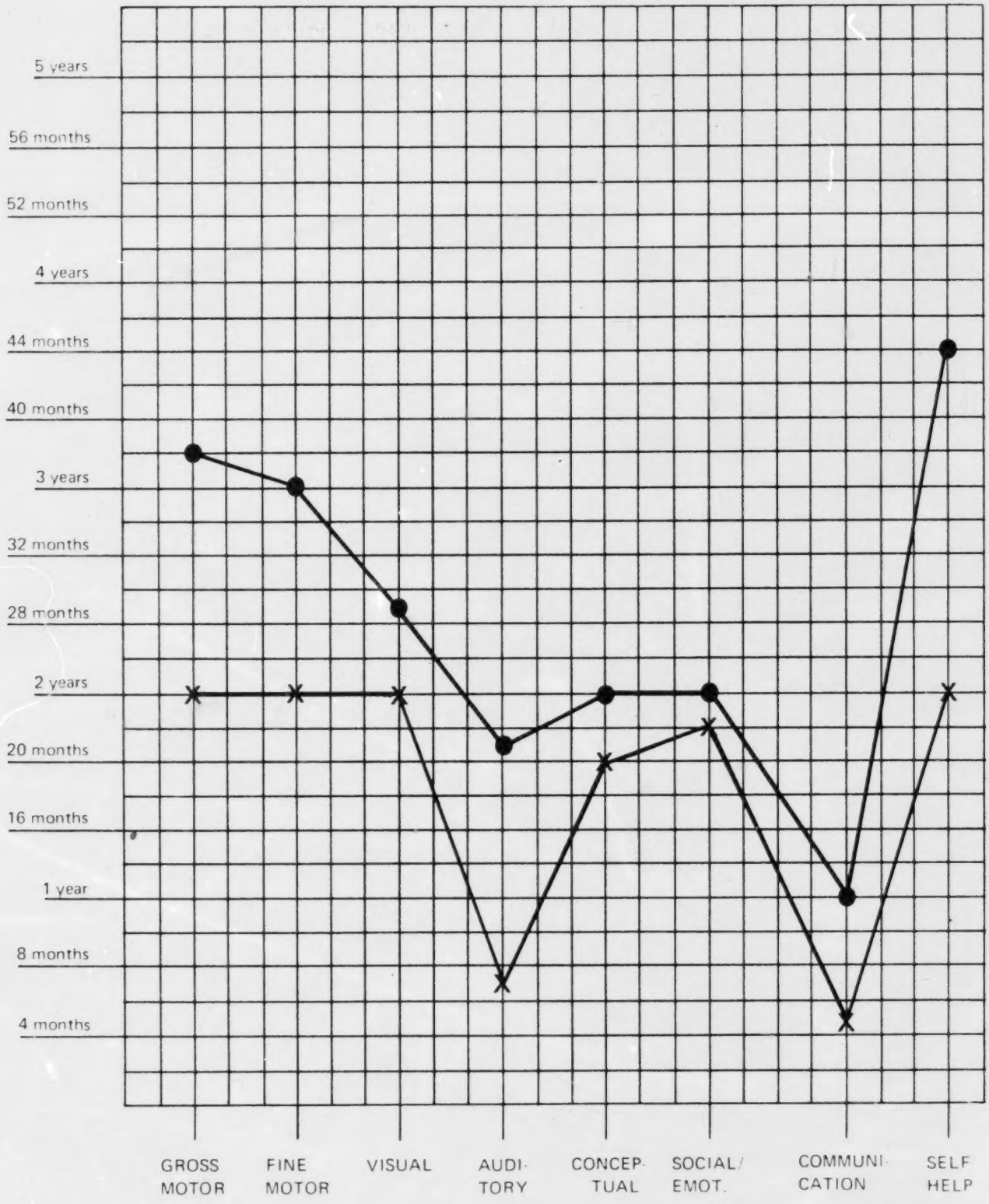


Initial Testing X 3 years, 3 months

Final Testing ● 3 years, 9 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

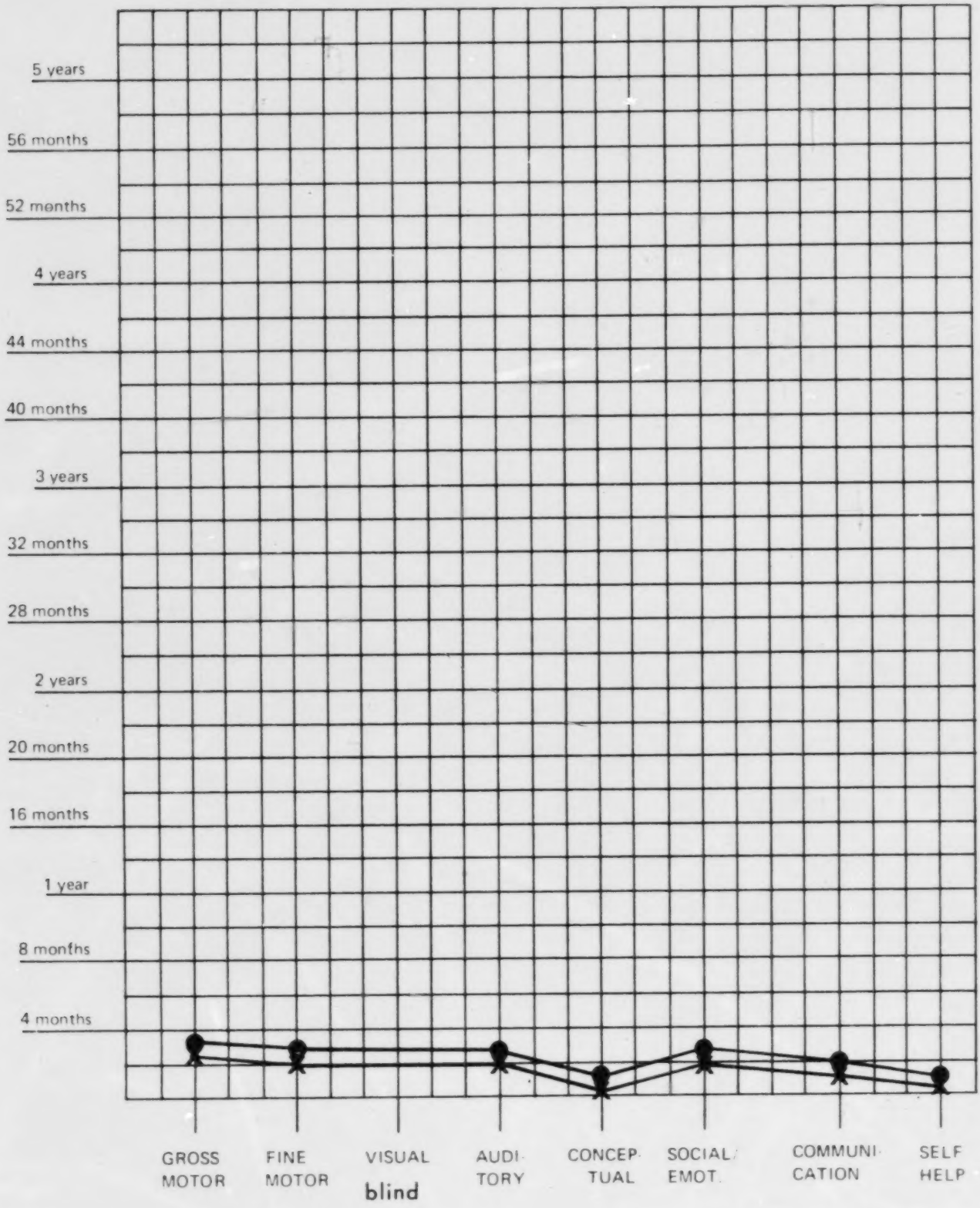


Initial Testing X 3 years, 3 months

Final Testing ● 3 years, 11 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

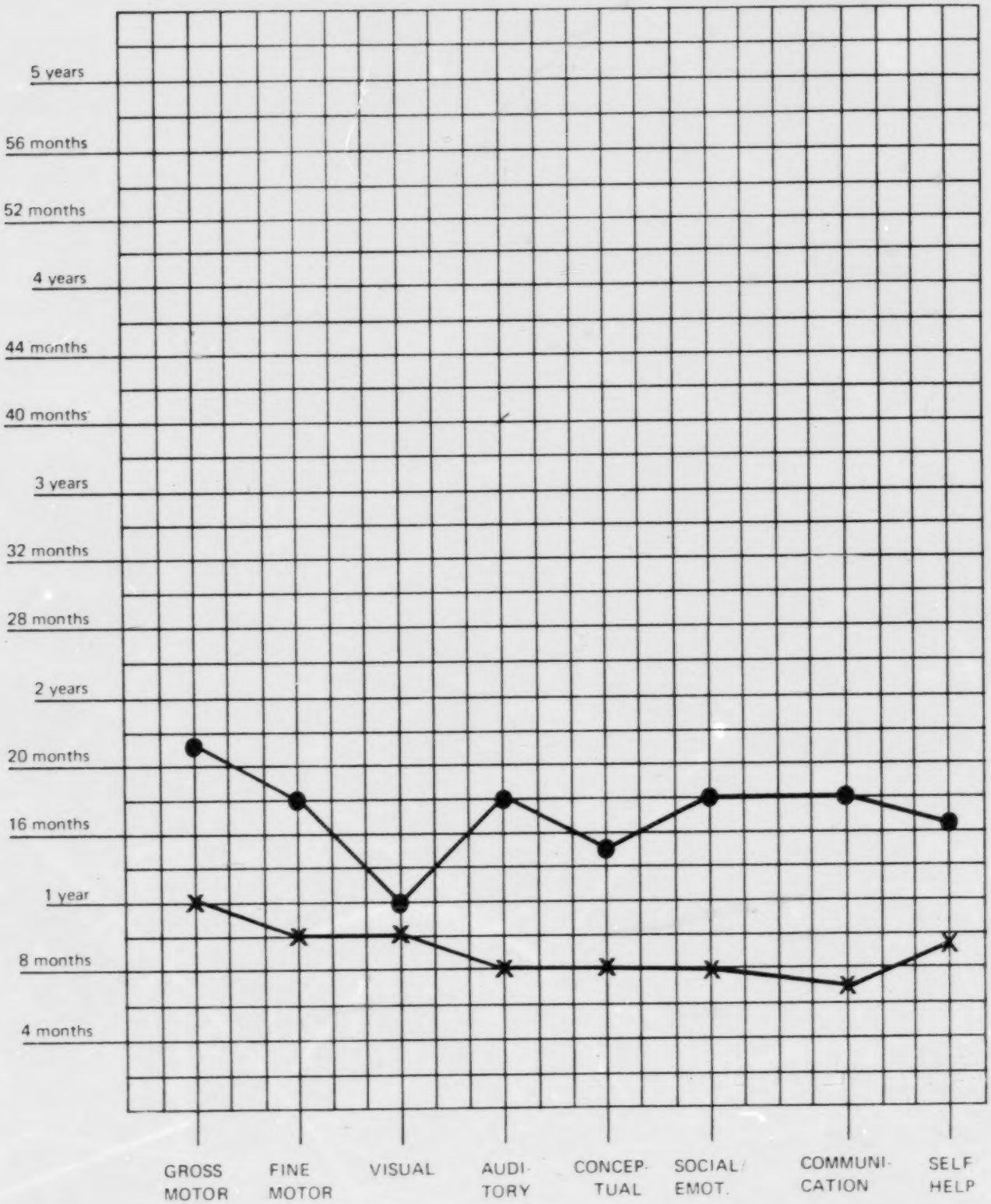


Initial Testing X 1 year, 6 months

Final Testing ● 2 years

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

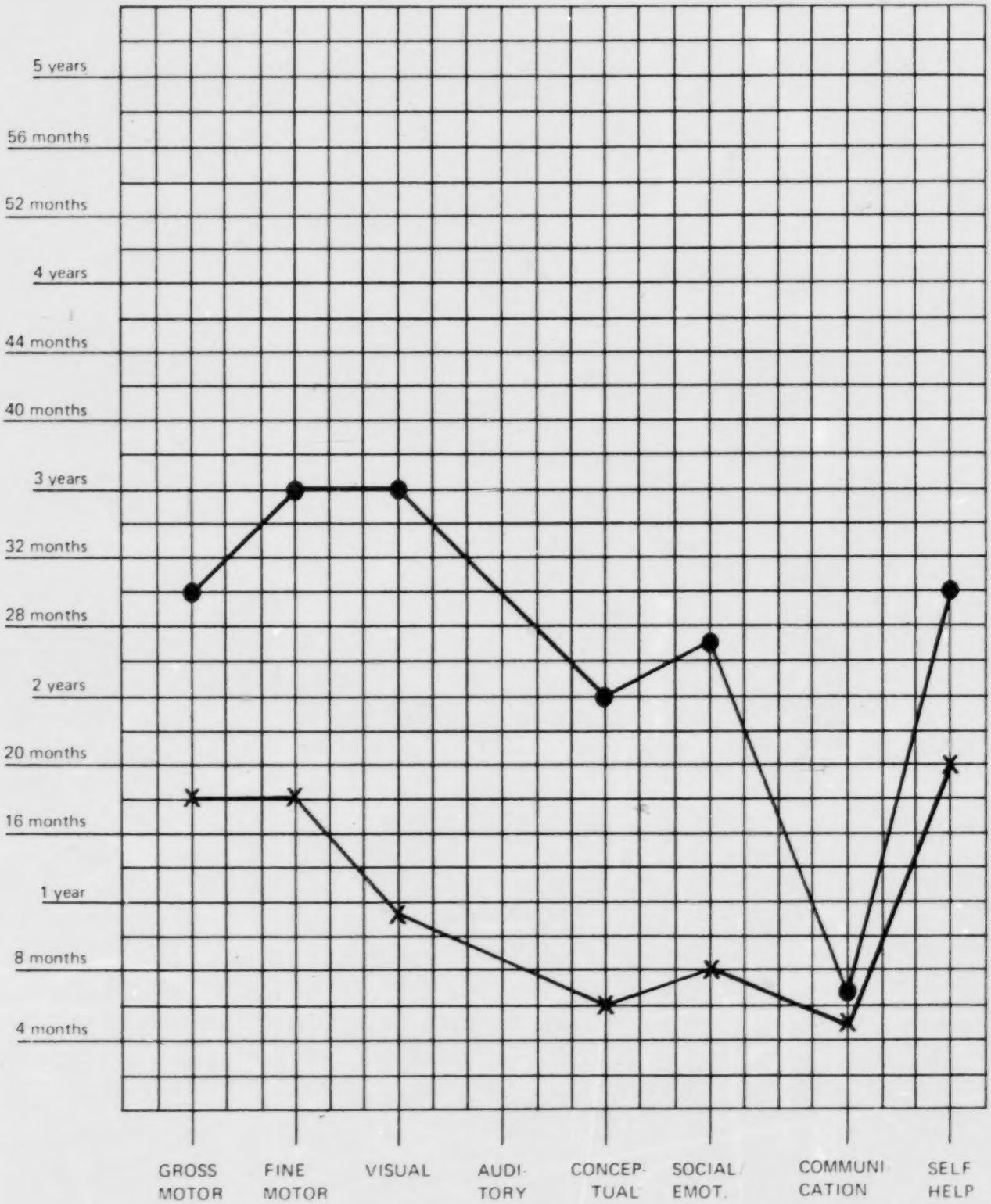


Initial Testing X *9 months*

Final Testing ● *1 year, 4 months*

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

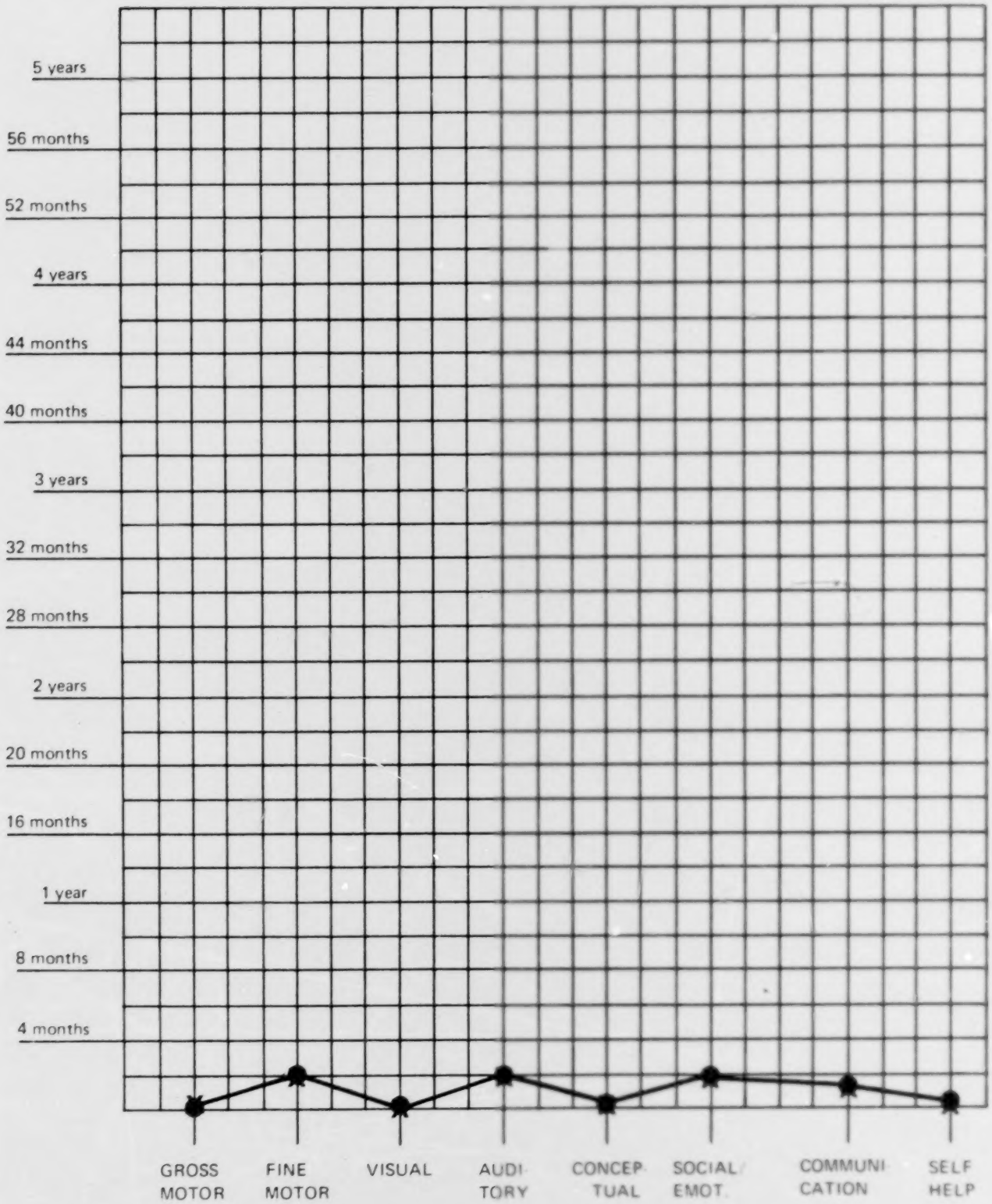


Initial Testing X 2 years, 1 months

Final Testing ● 3 years, 6 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

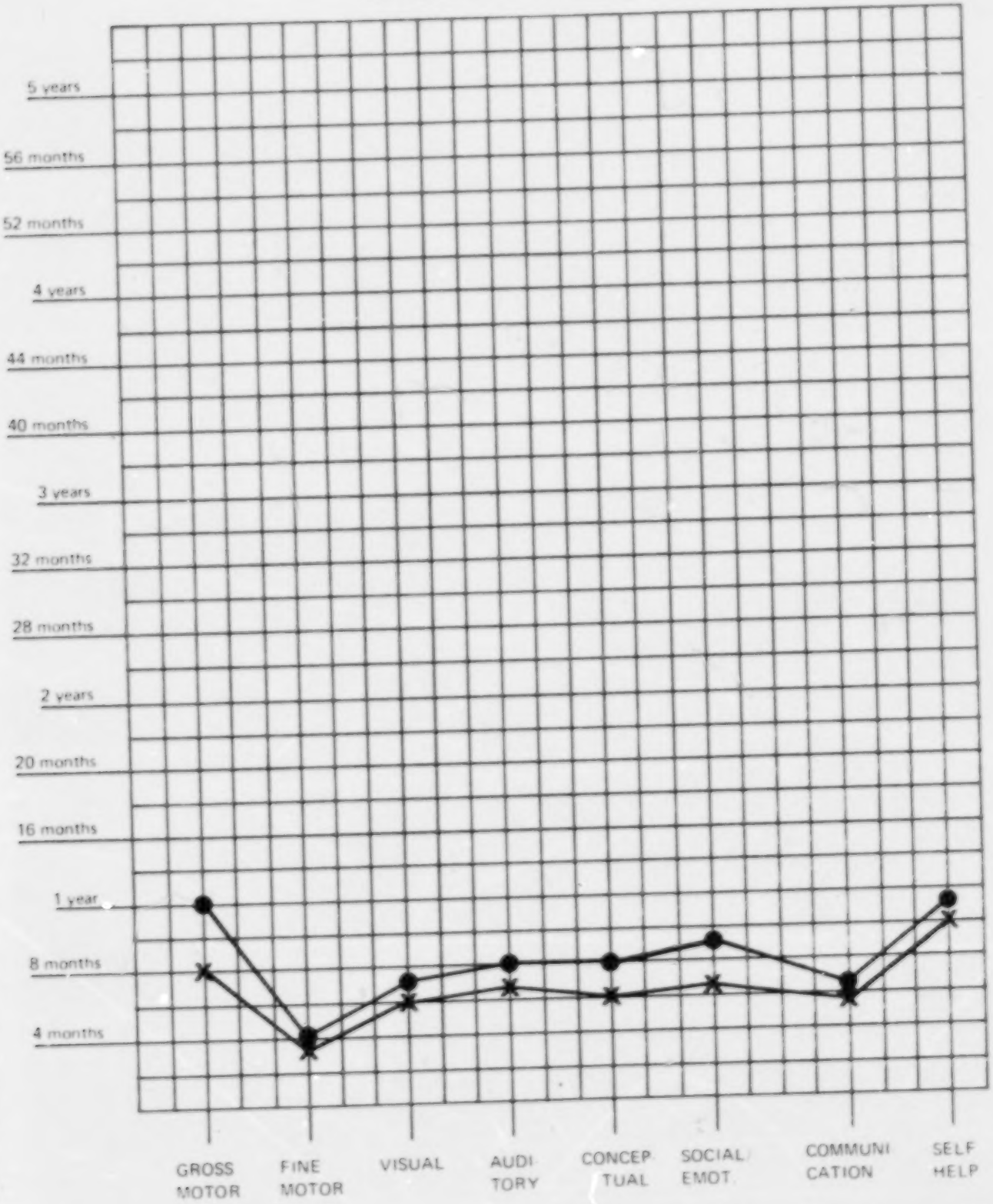


Initial Testing X **2 years, 11 months**

Final Testing ● **2 years, 2 months**

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

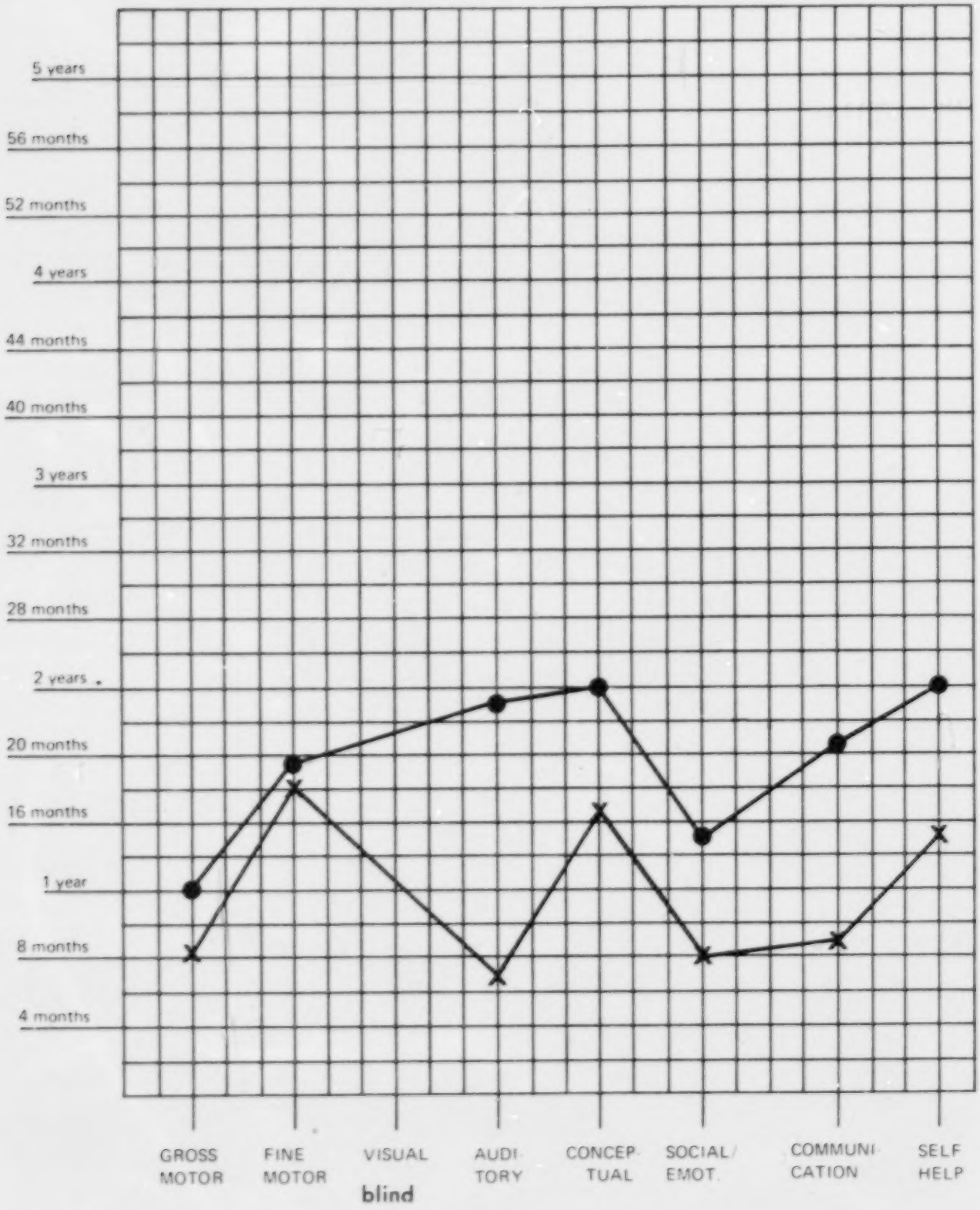


Initial Testing X **1 year, 4 months**

Final Testing ● **1 year, 9 months**

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

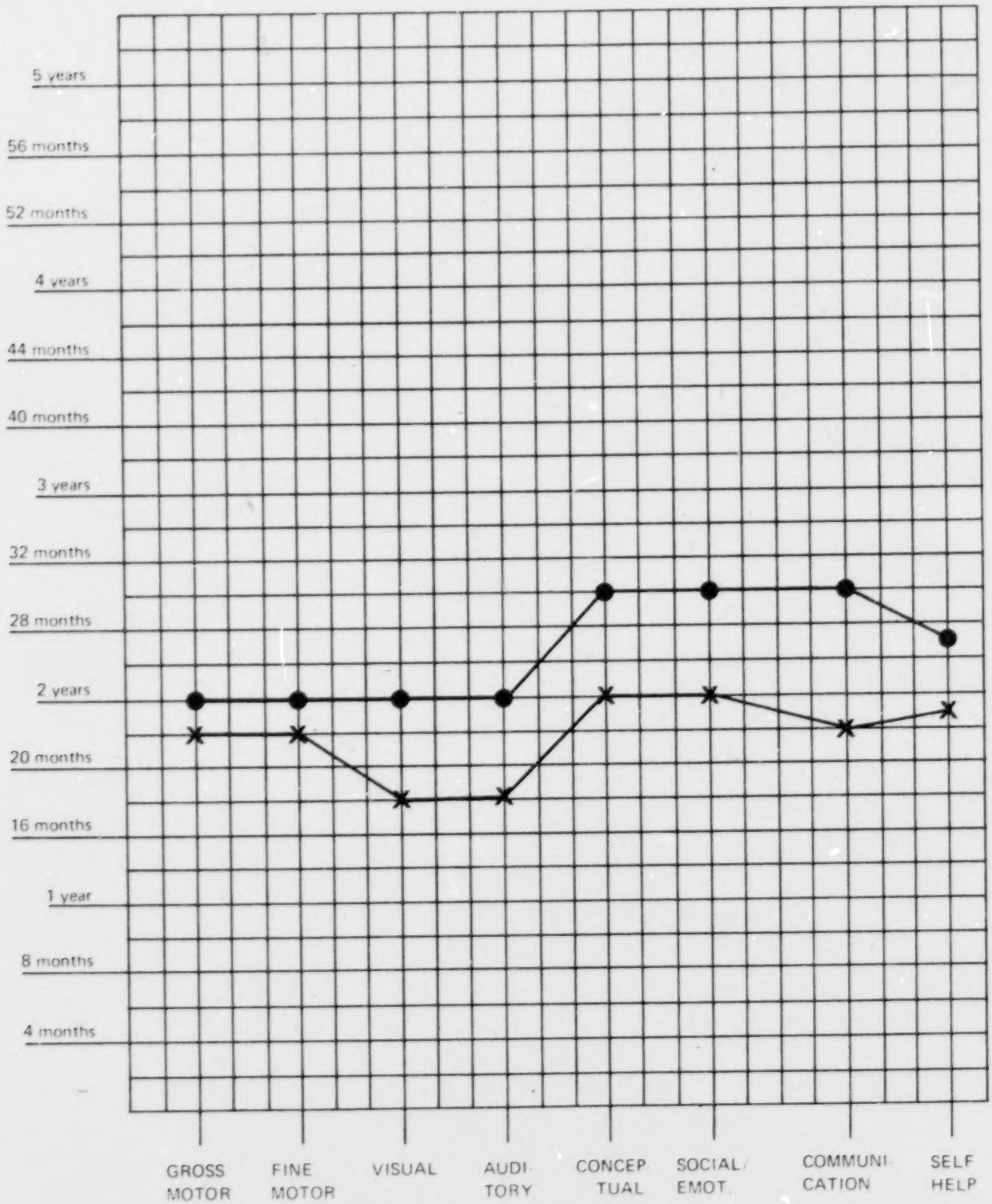


Initial Testing X 2 years, 11 months

Final Testing ● 3 years, 6 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

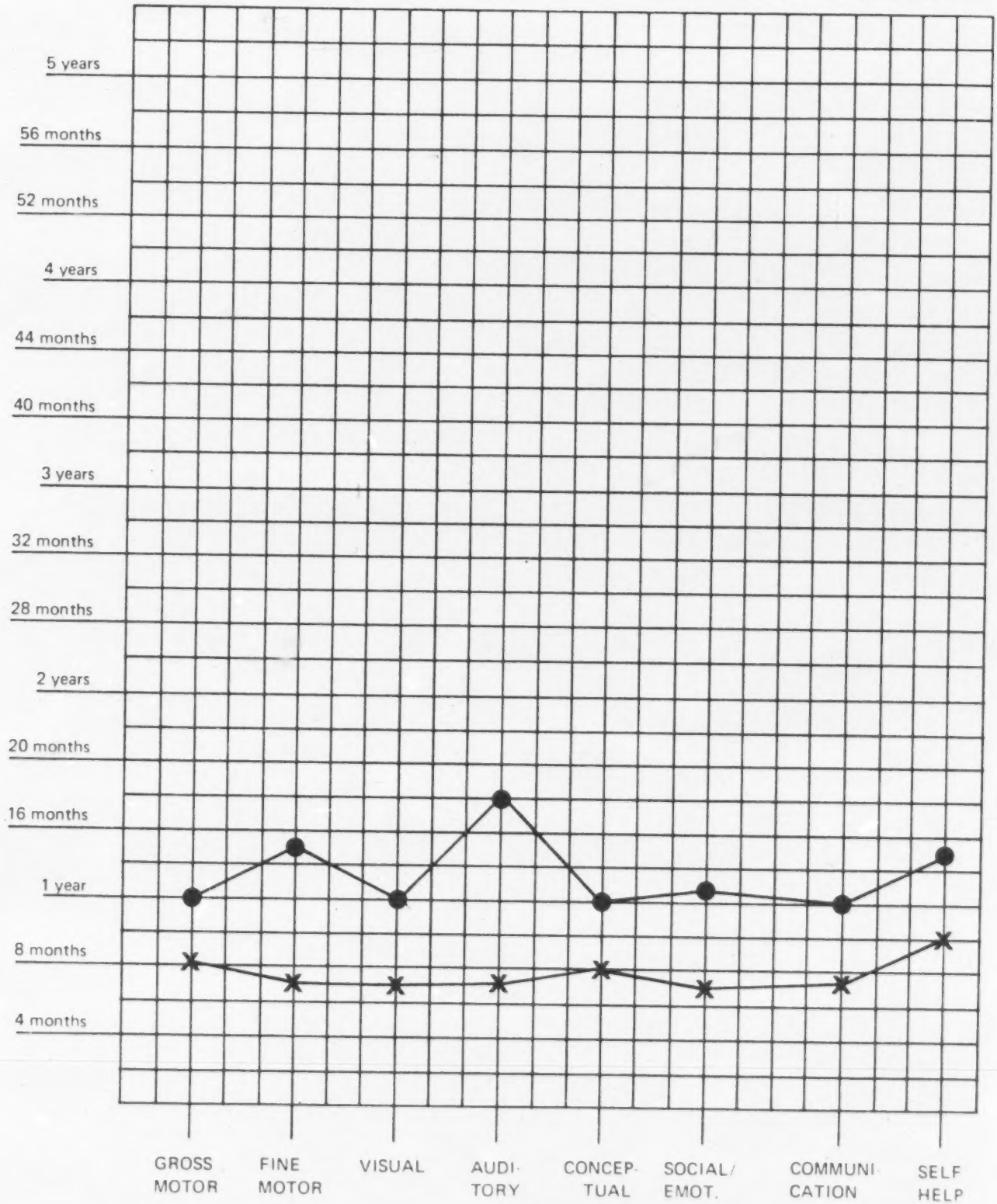


Initial Testing X 1 year, 1 month

Final Testing ● 2 years, 2 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

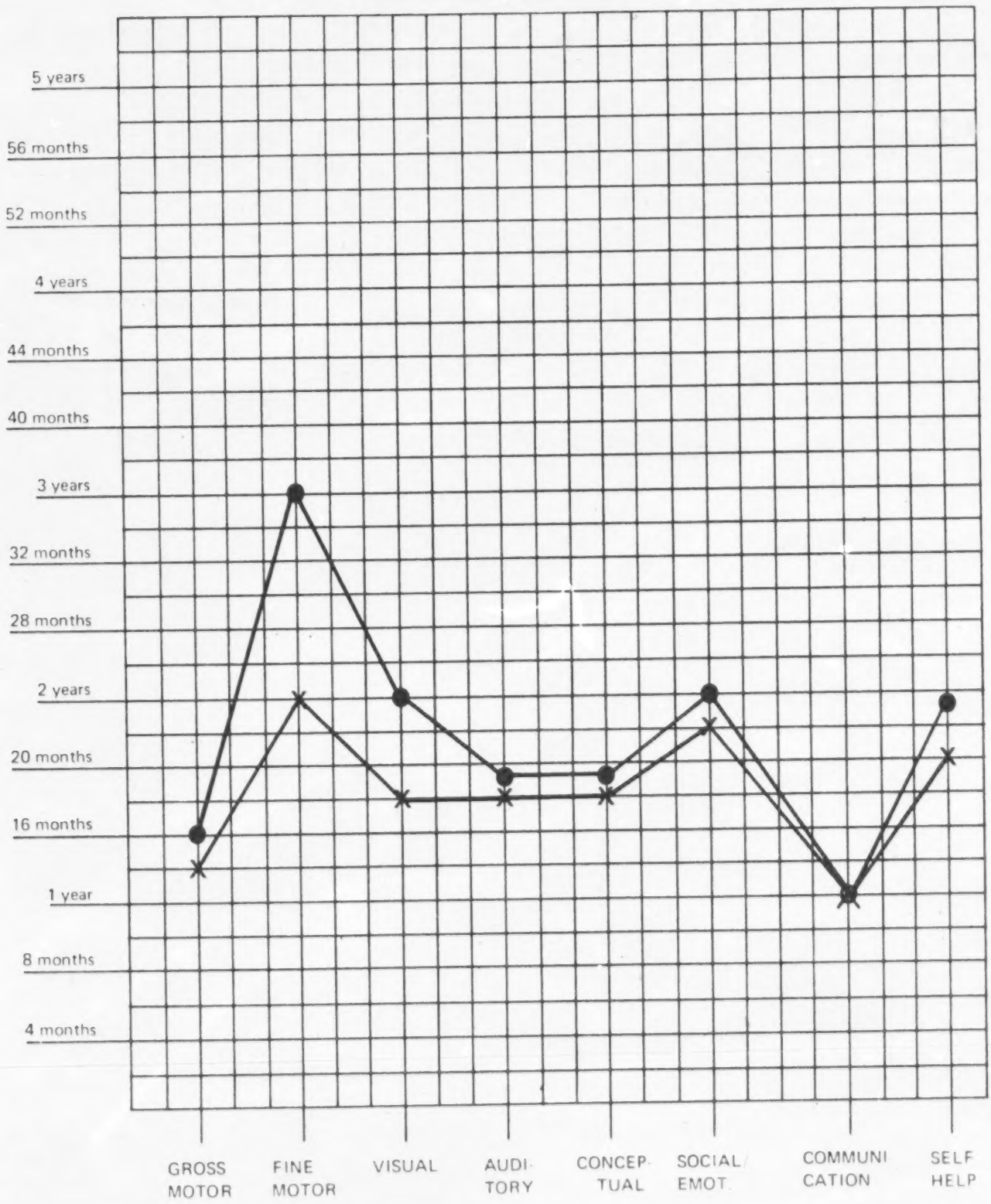


Initial Testing X 10 months

Final Testing ● 1 year, 3 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

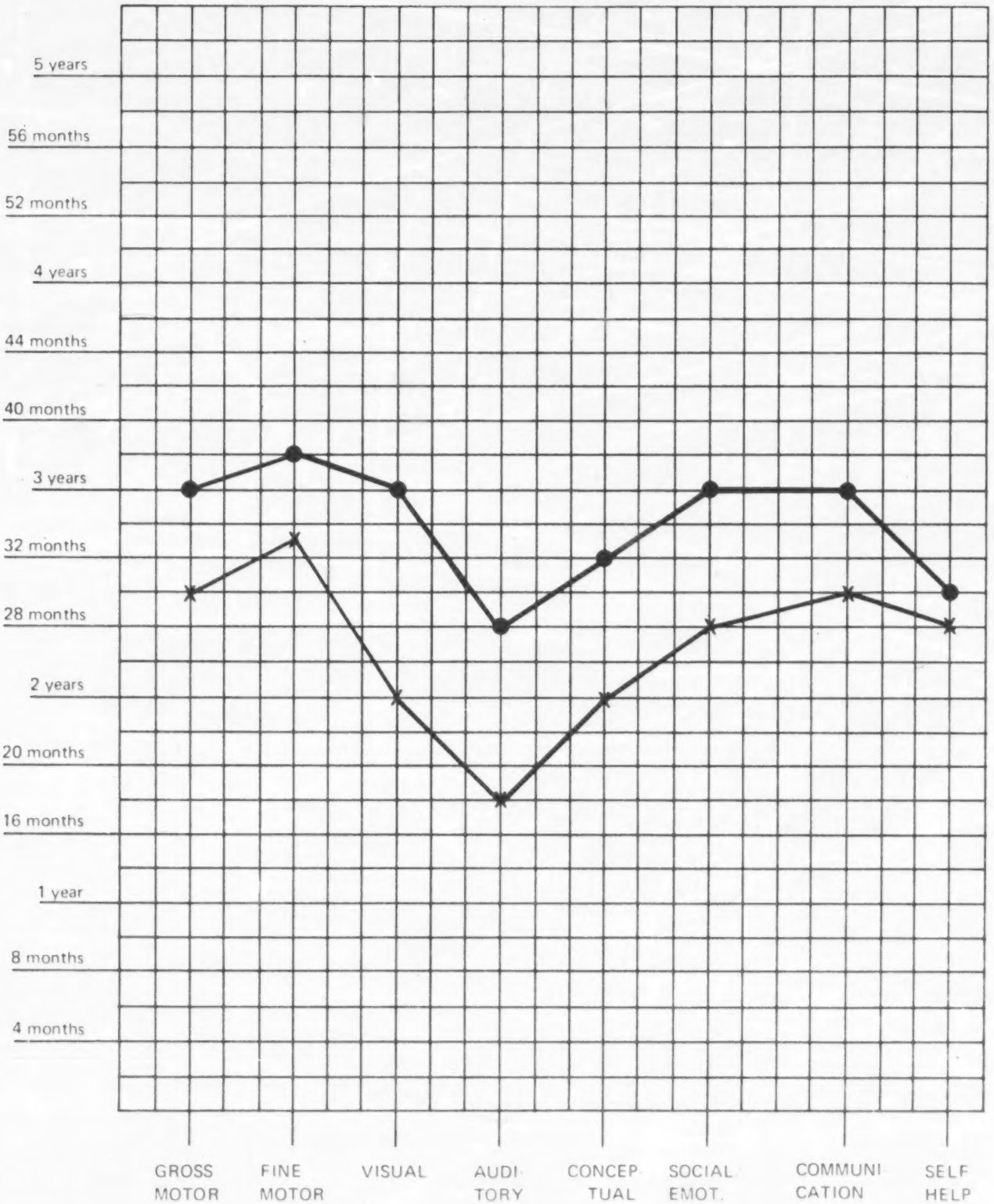


Initial Testing X 2 years, 2 months

Final Testing ● 2 years, 6 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

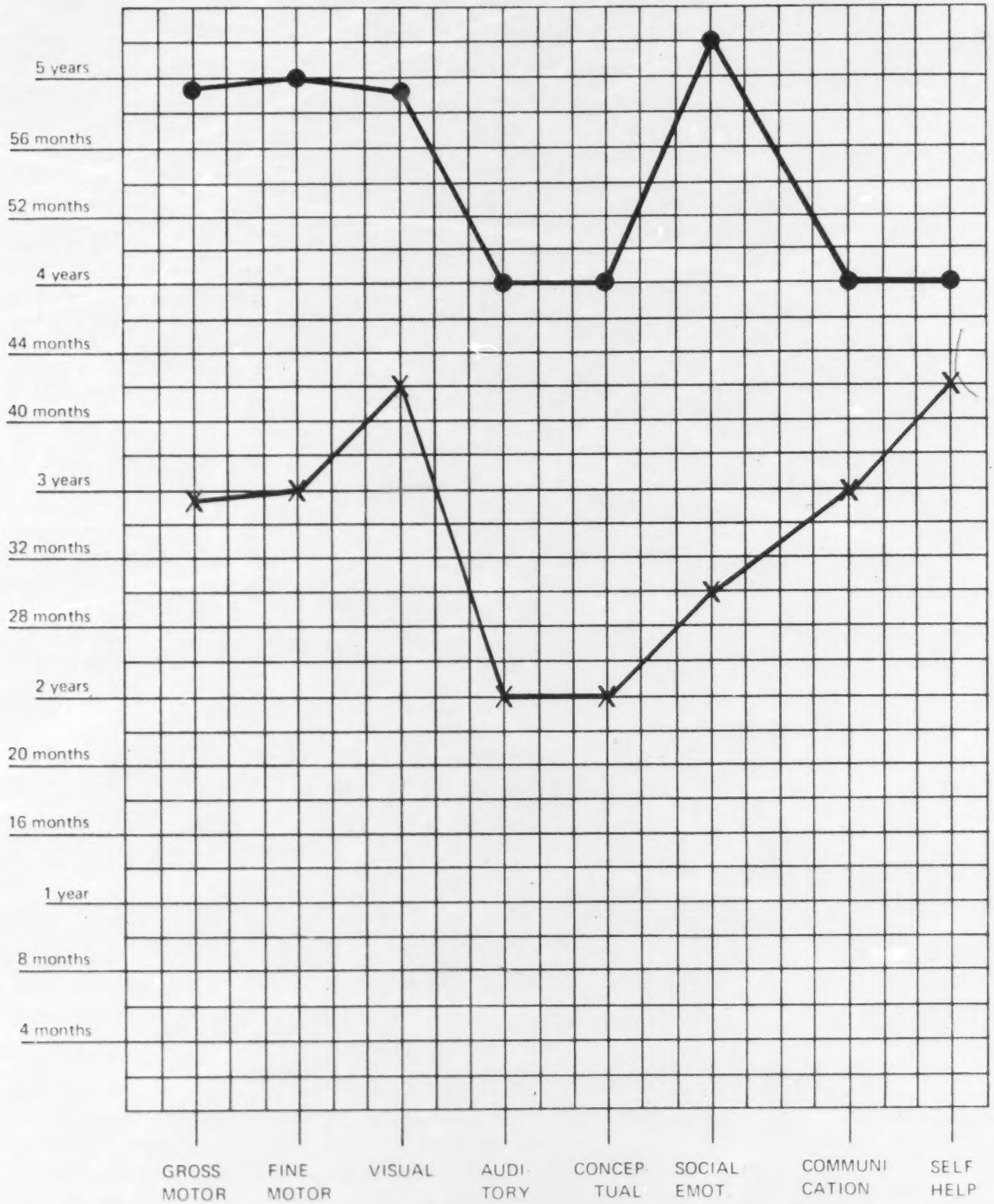


Initial Testing X 2 years, 10 months

Final Testing ● 3 years, 2 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

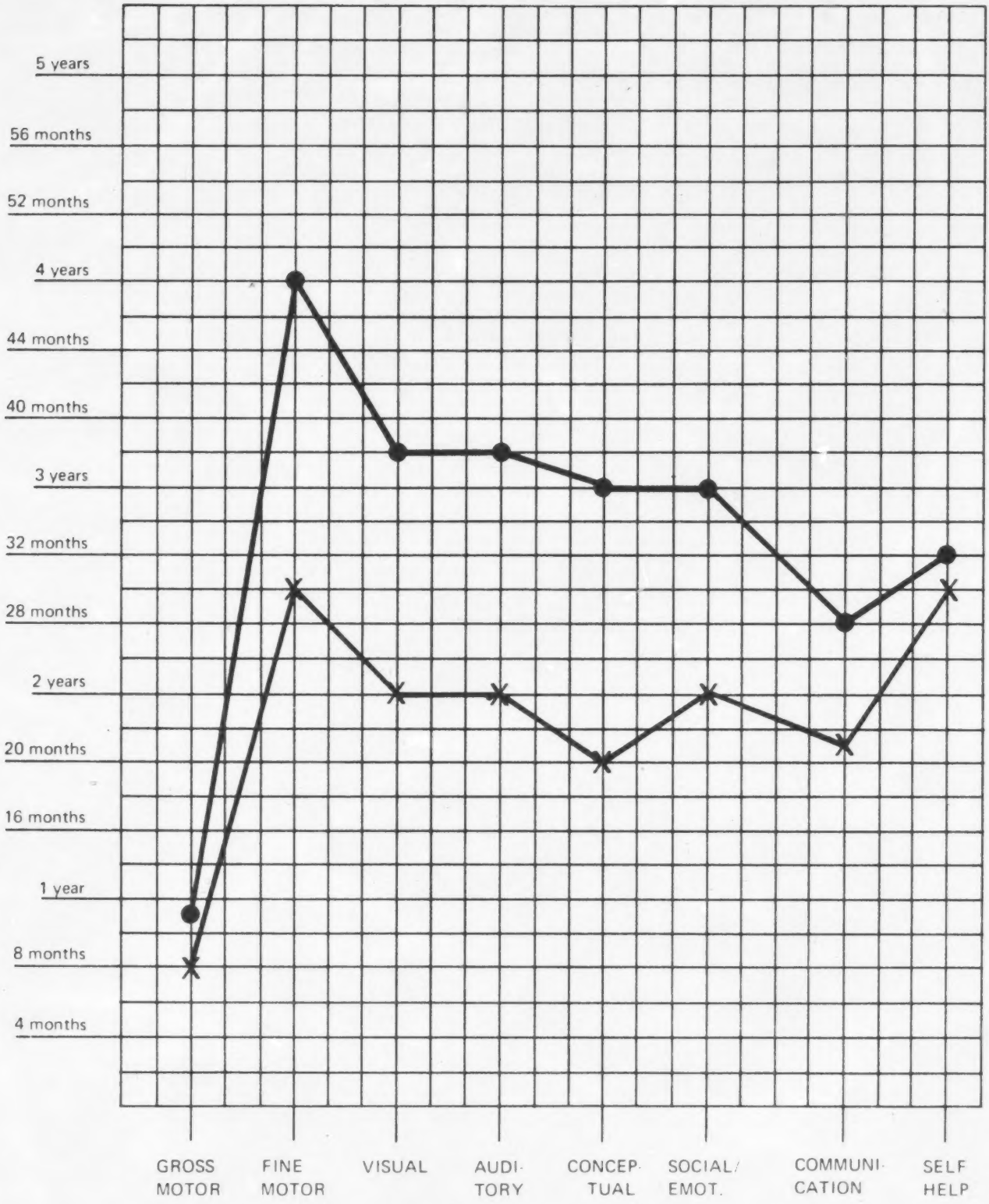


Initial Testing X 4 years, 7 months

Final Testing ● 5 years, 2 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

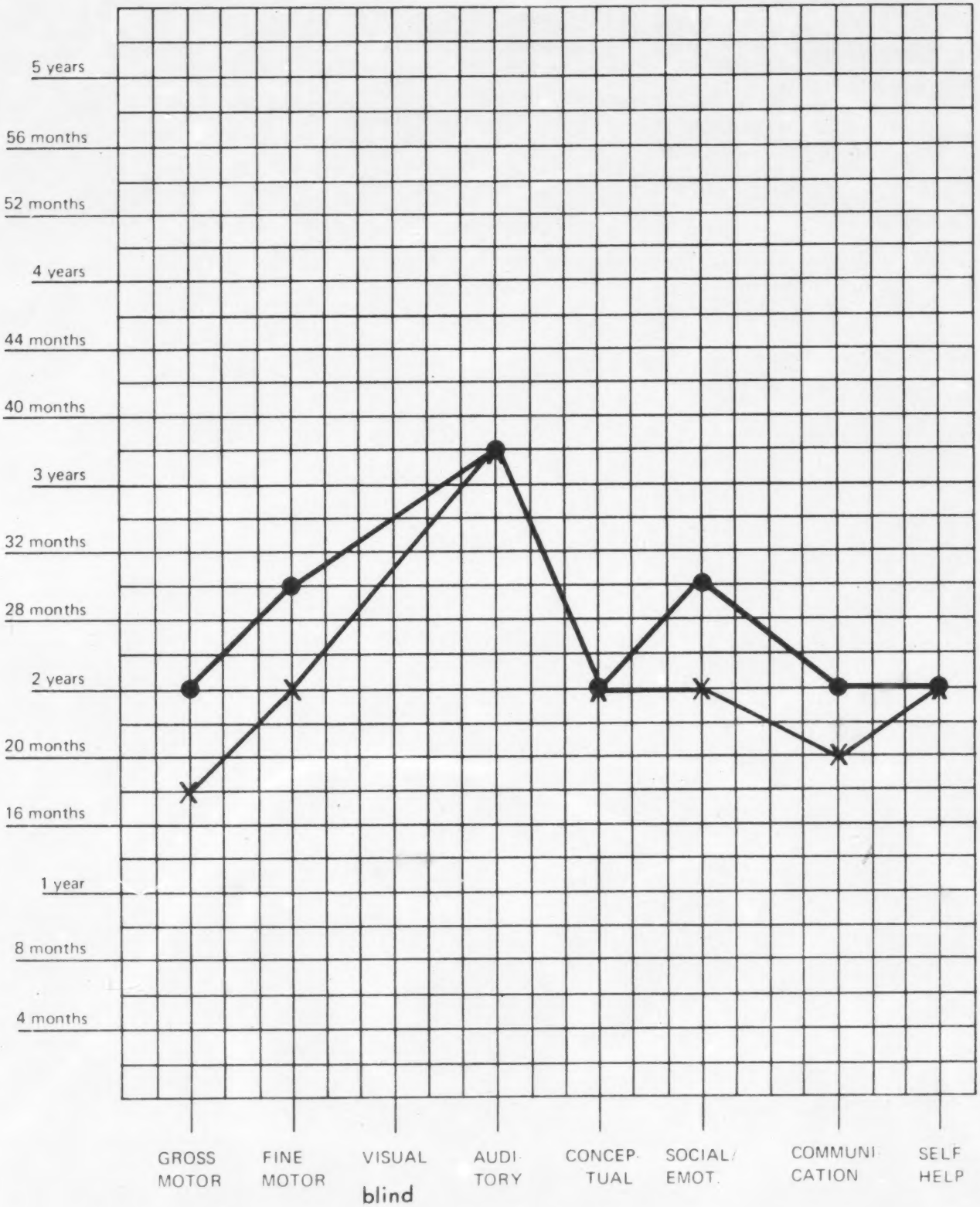


Initial Testing X 4 years, 10 months

Final Testing ● 5 years, 6 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

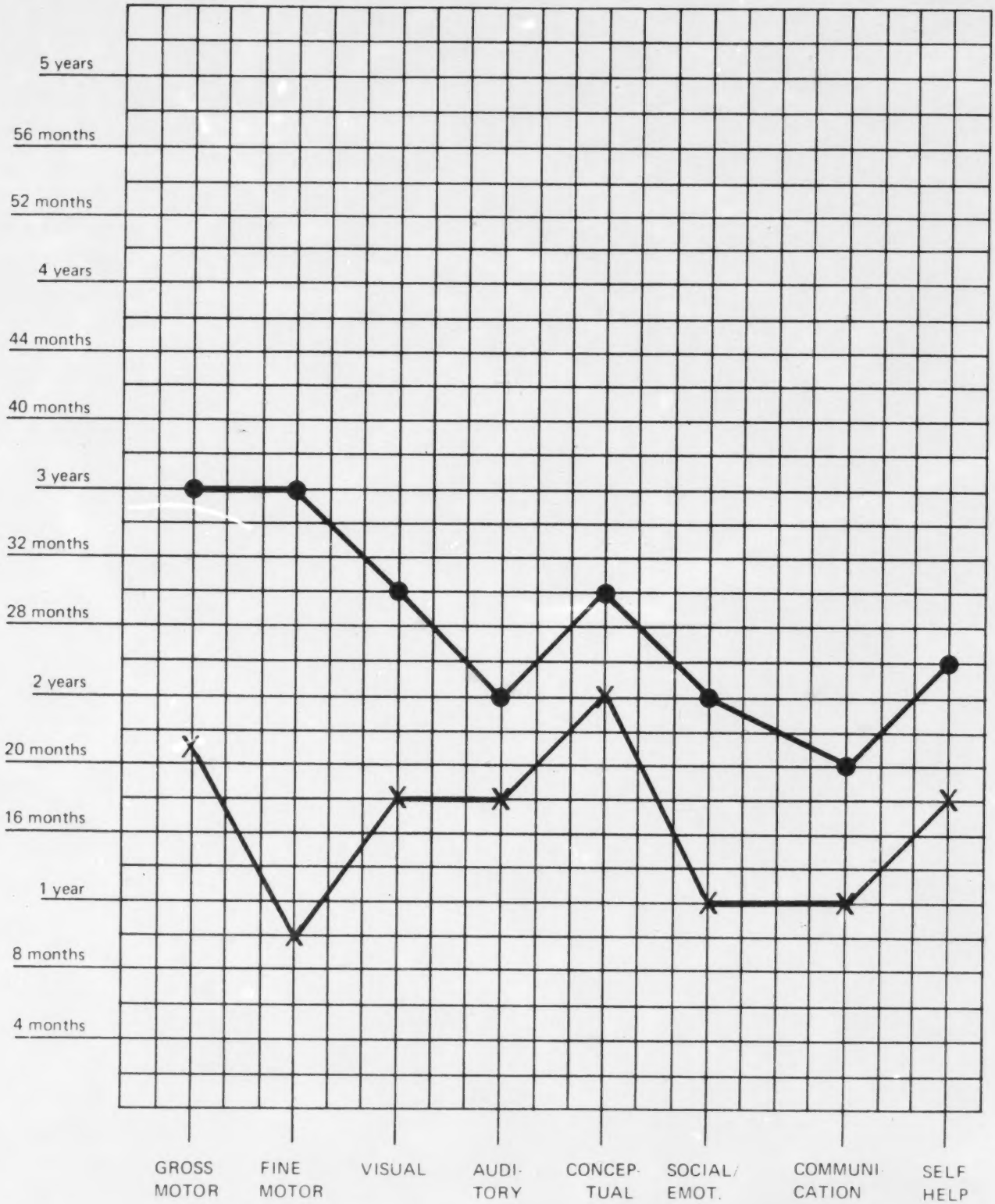


Initial Testing X . 2 years, 6 months

Final Testing ● 3 years

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

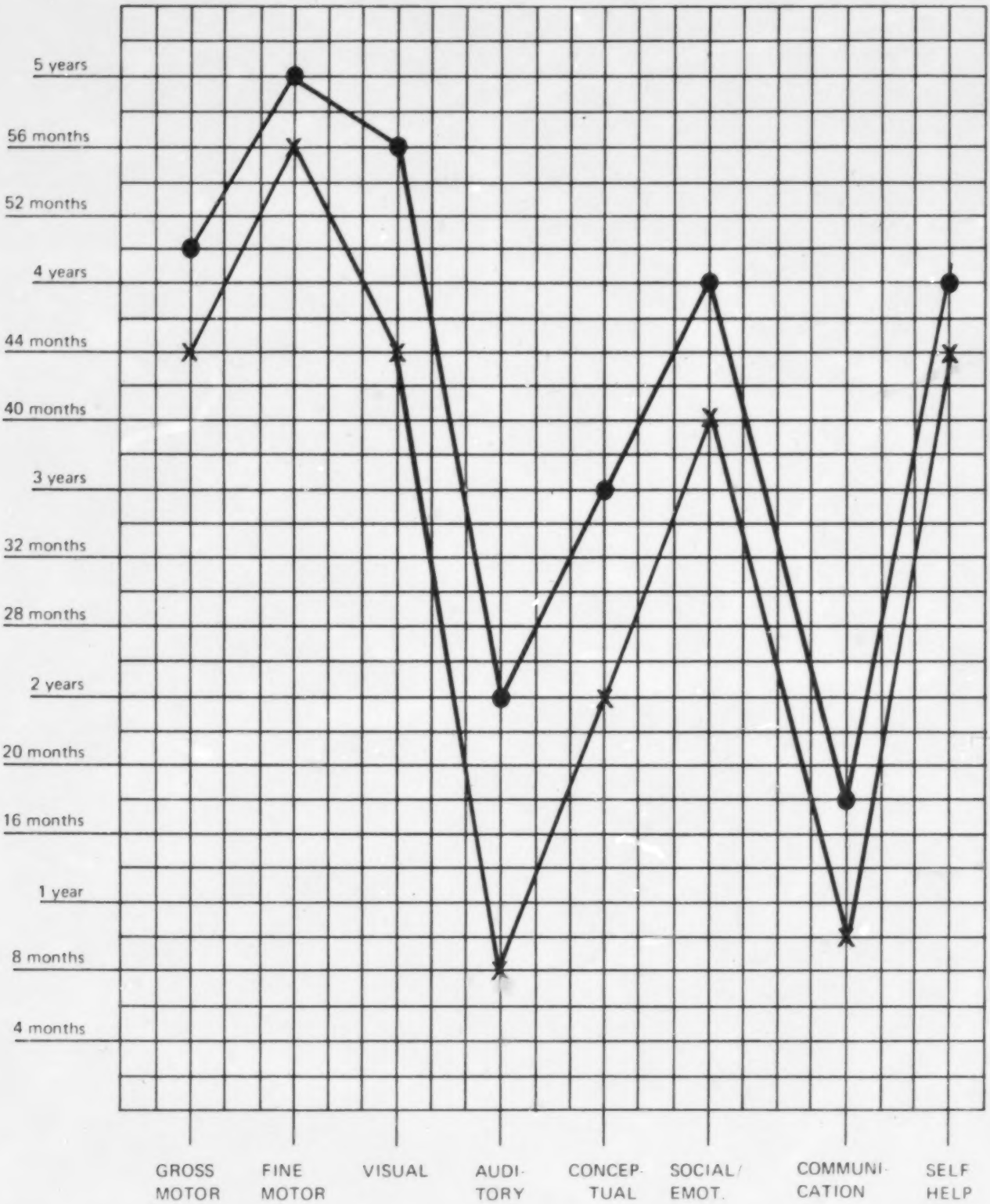


Initial Testing X 3 years, 11 months

Final Testing ● 4 years, 3 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

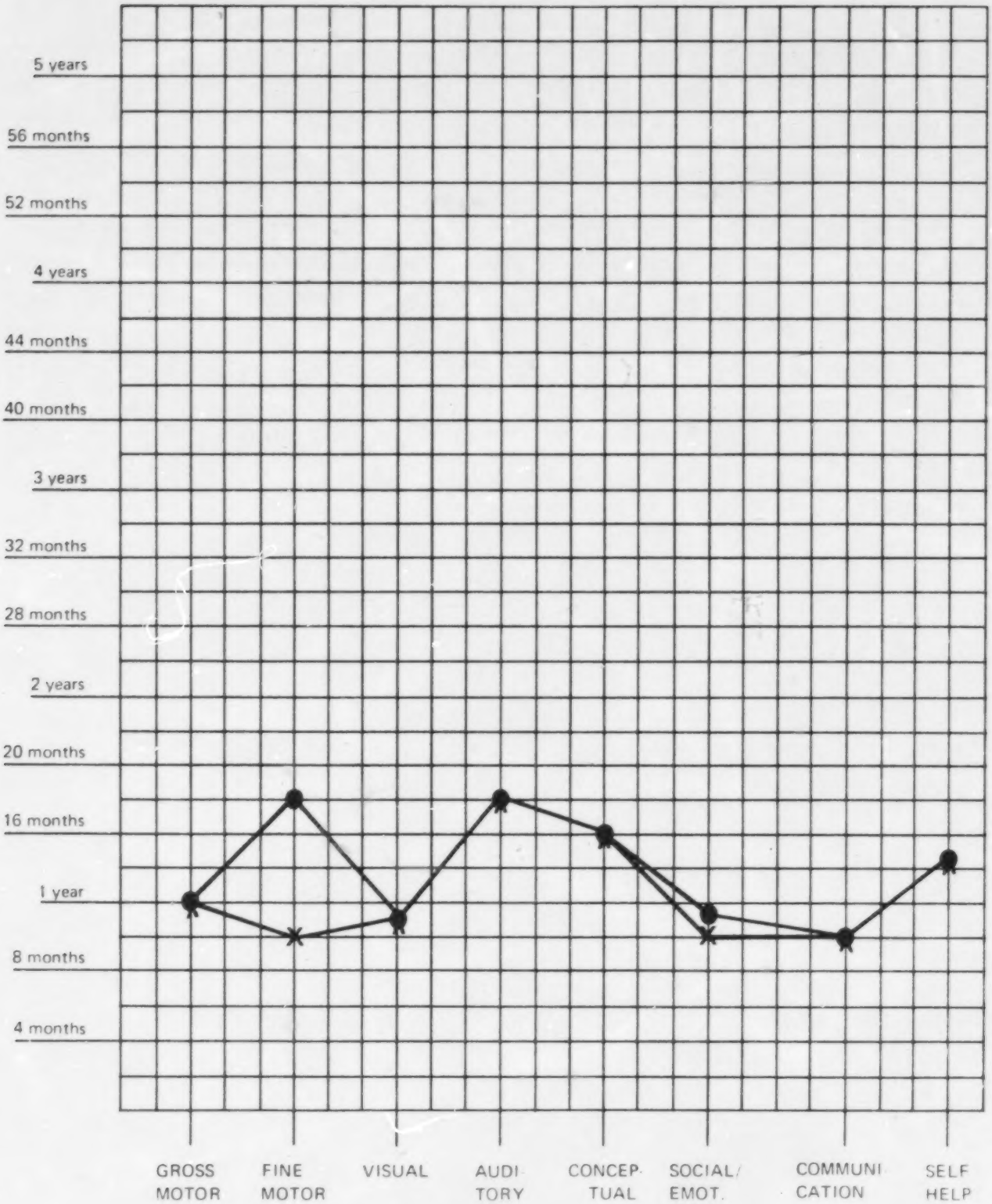


Initial Testing X 3 years, 5 months

Final Testing ● 3 years, 10 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

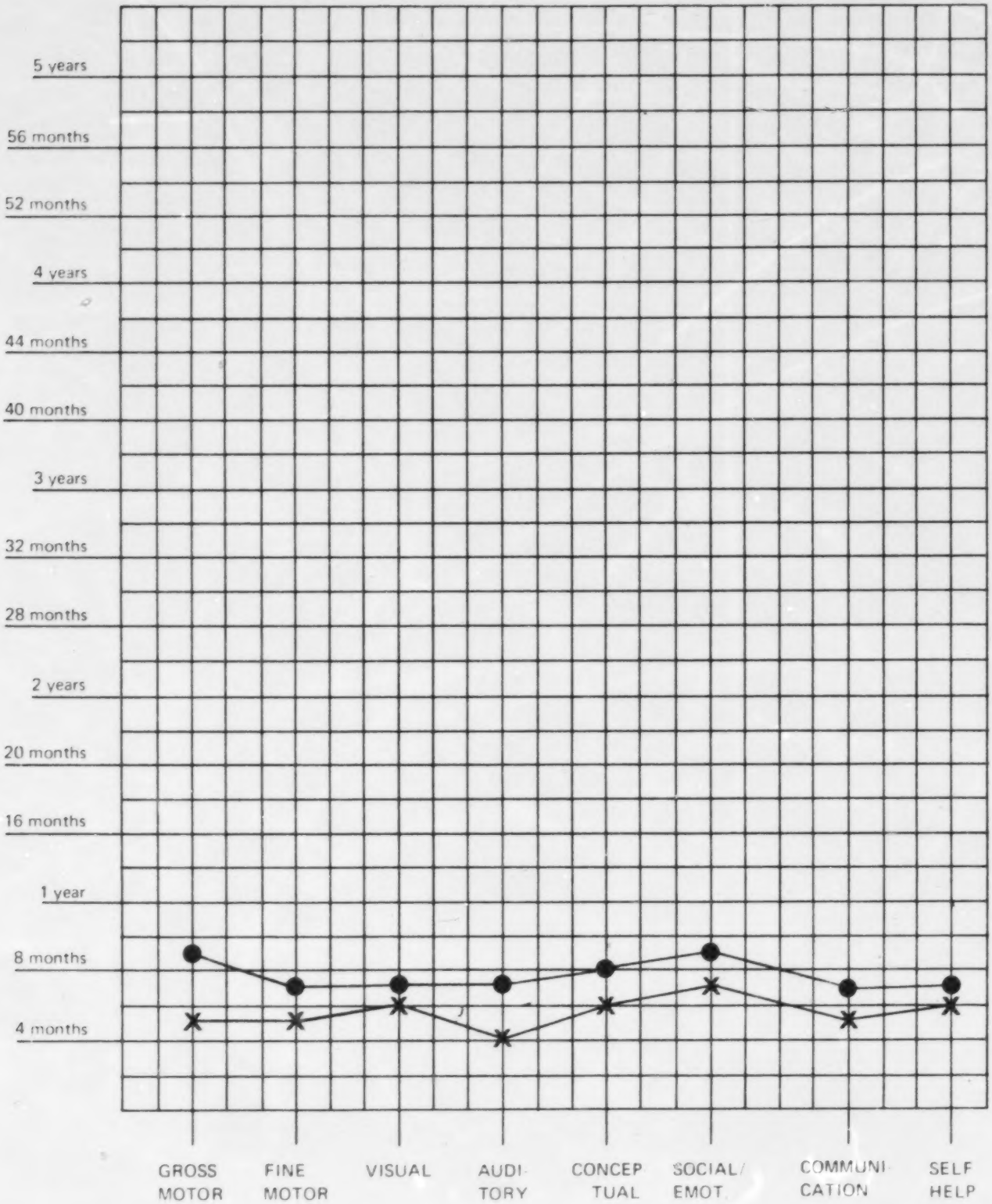


Initial Testing X 3 years, 10 months

Final Testing ● 4 years, 3 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

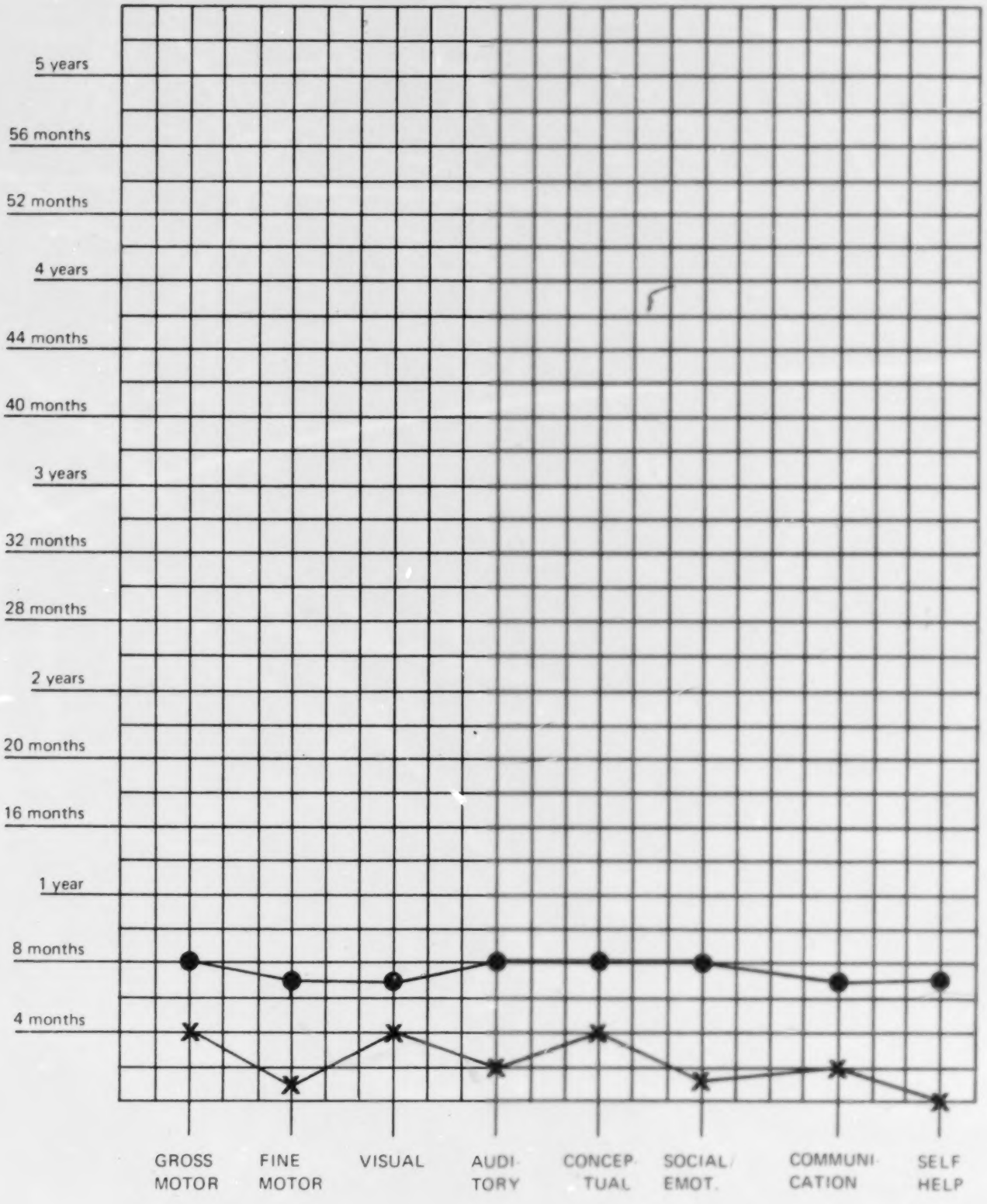


Initial Testing X 6 months

Final Testing ● 9 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

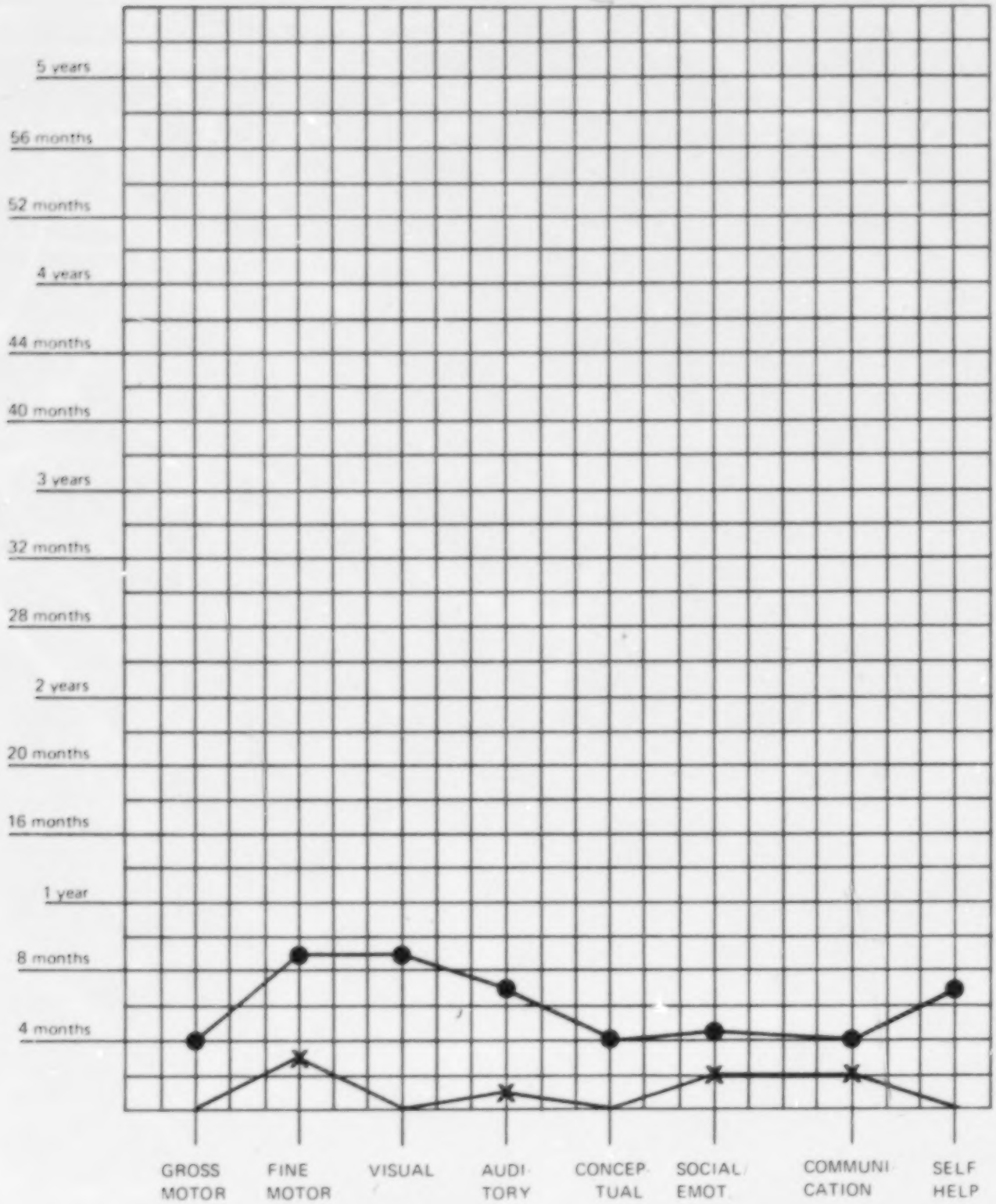


Initial Testing X 4 months

Final Testing ● 9 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

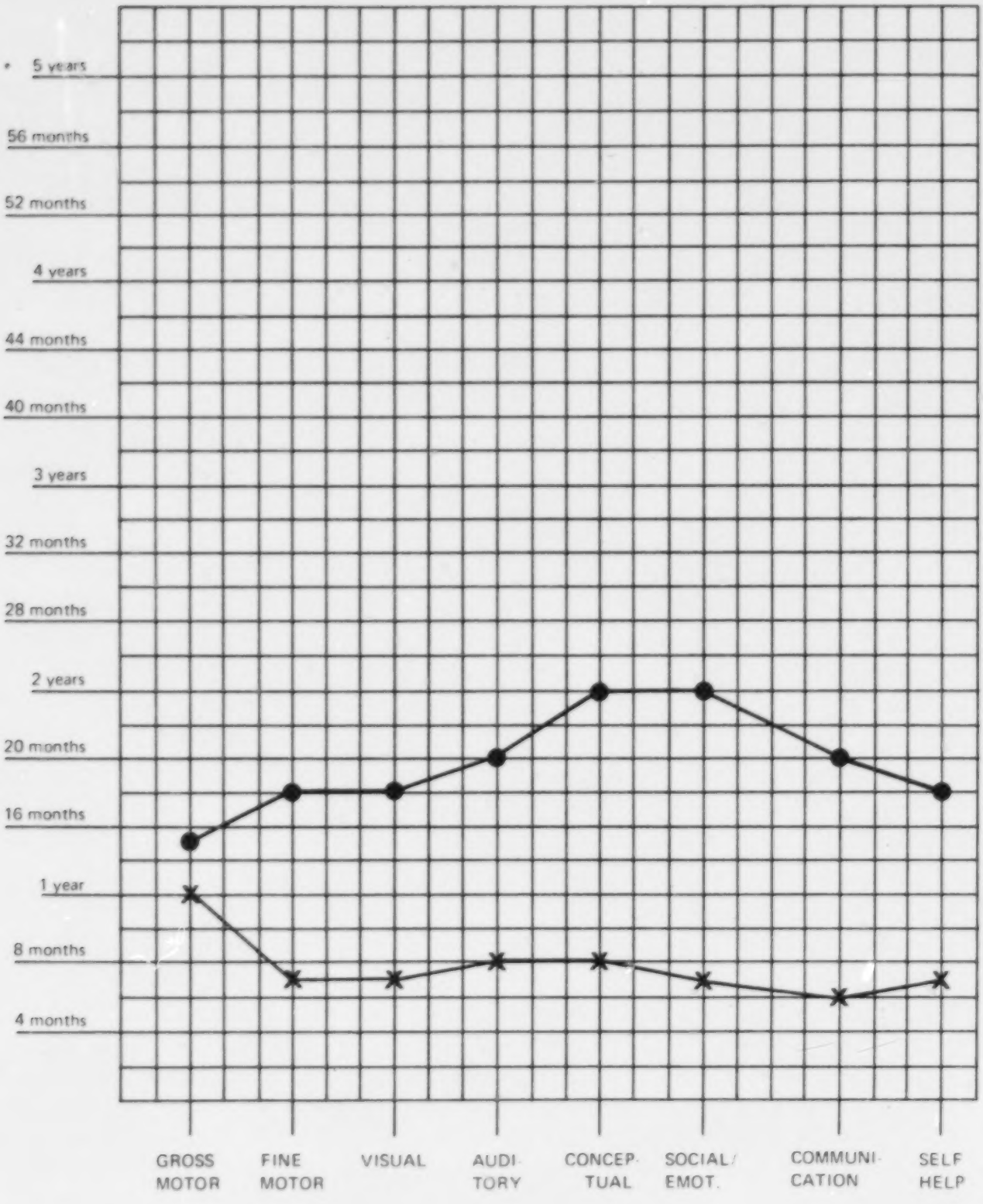


Initial Testing X 1 year

Final Testing ● 1 year, 6 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

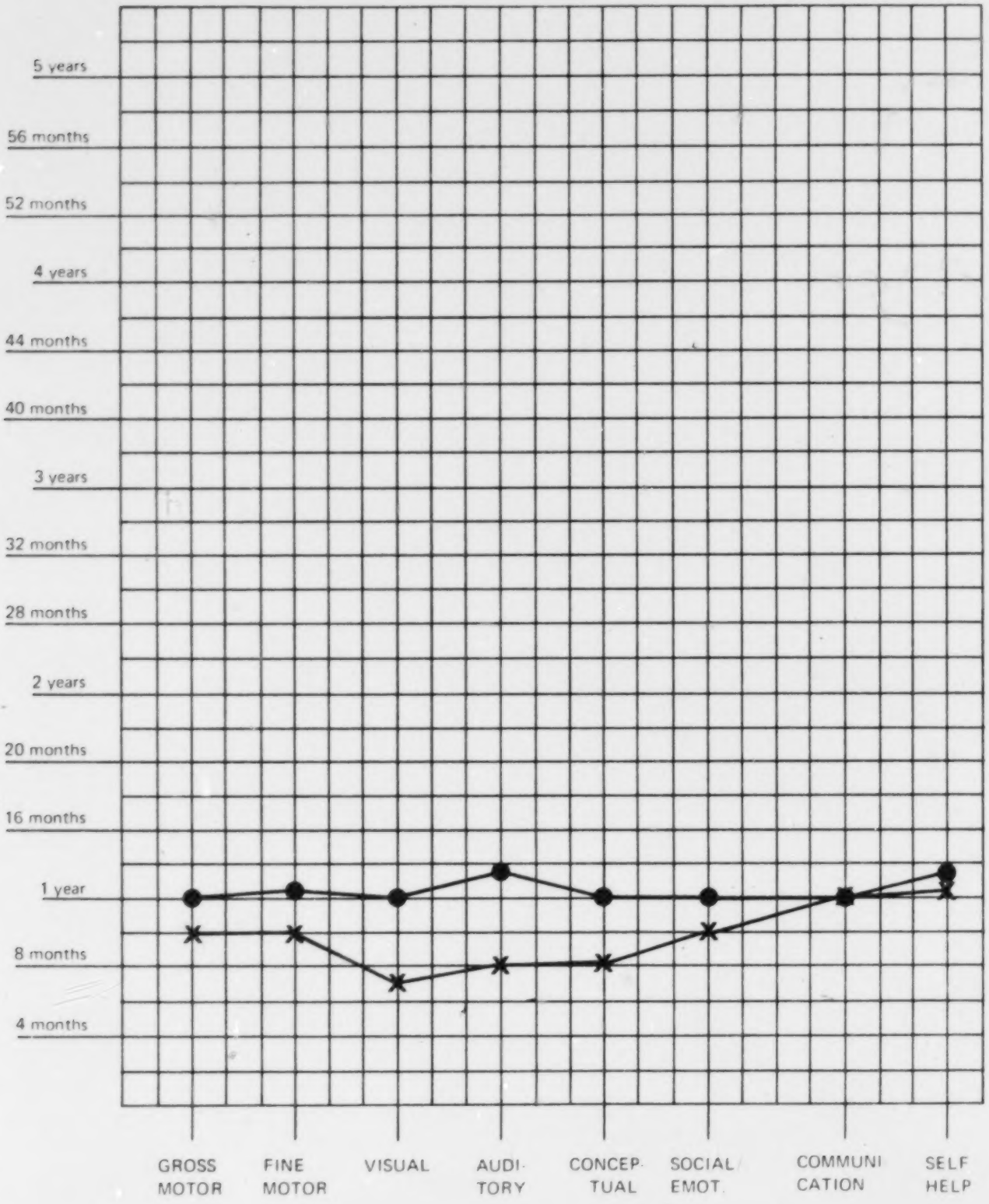


Initial Testing X 1 year, 7 months

Final Testing ● 2 years

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

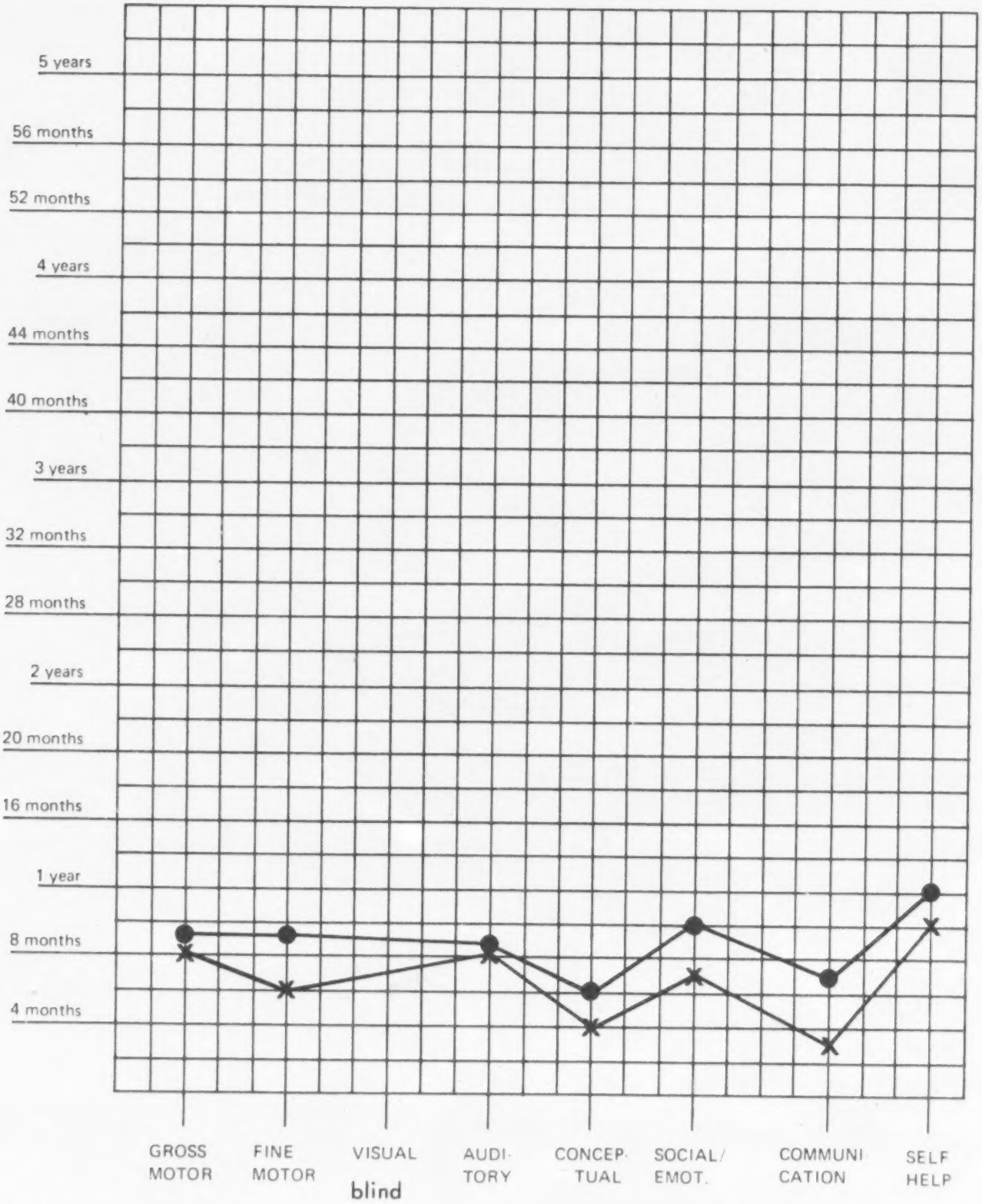


Initial Testing X **1 year**

Final Testing ● **1 year, 3 months**

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

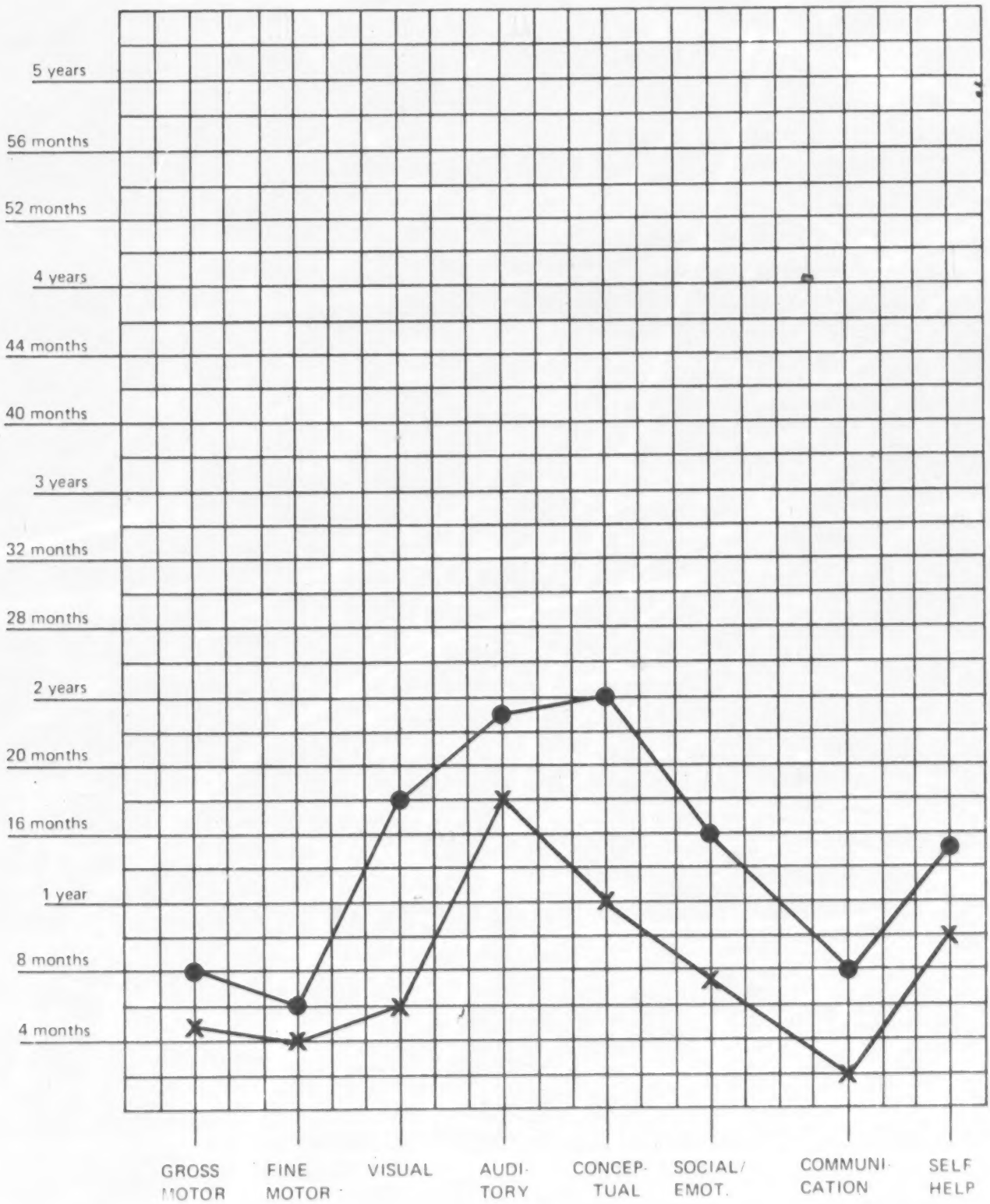


Initial Testing X 11 months

Final Testing ● 1 year, 6 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

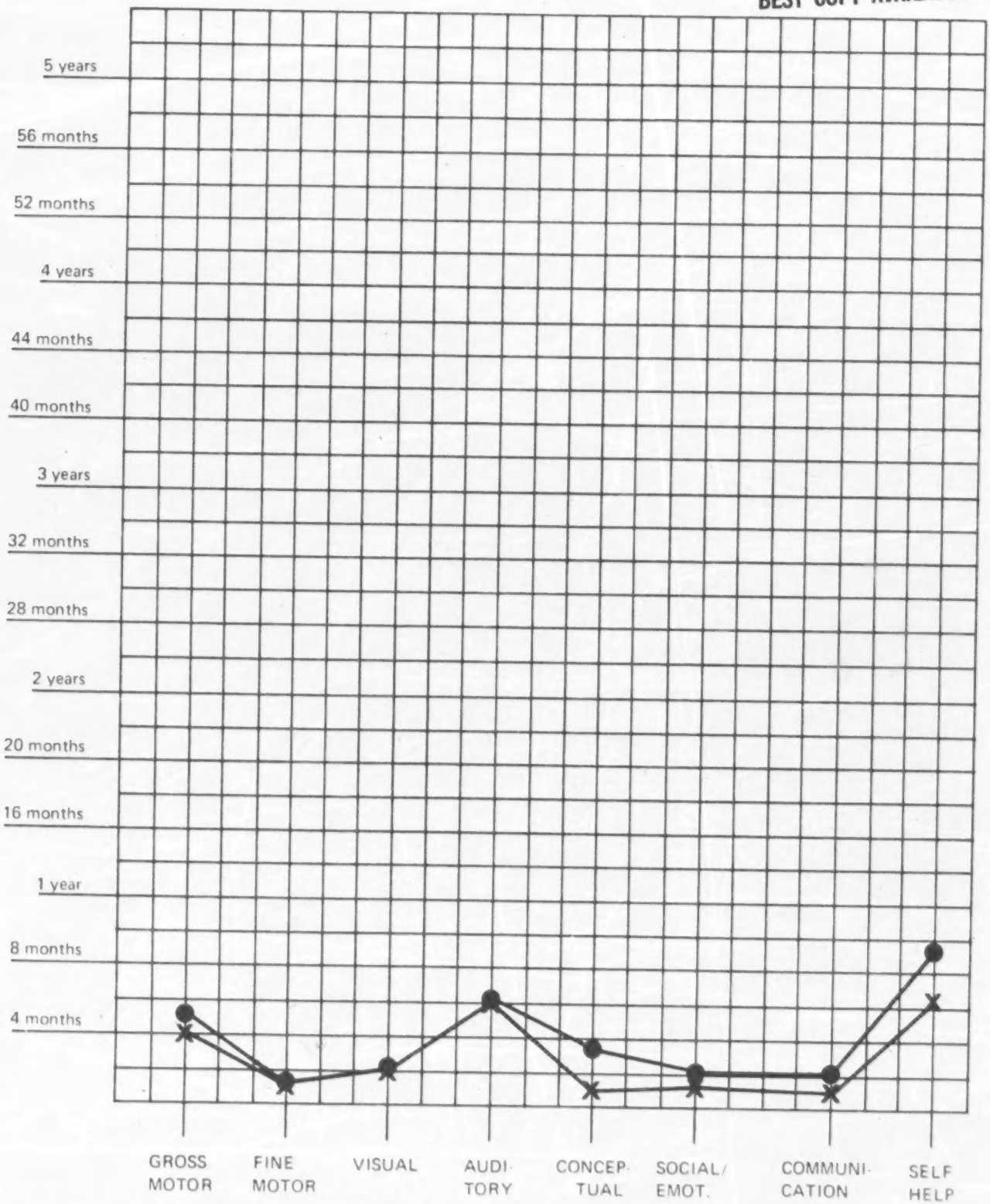


Initial Testing X 1 year, 3 months

Final Testing ● 1 year, 8 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

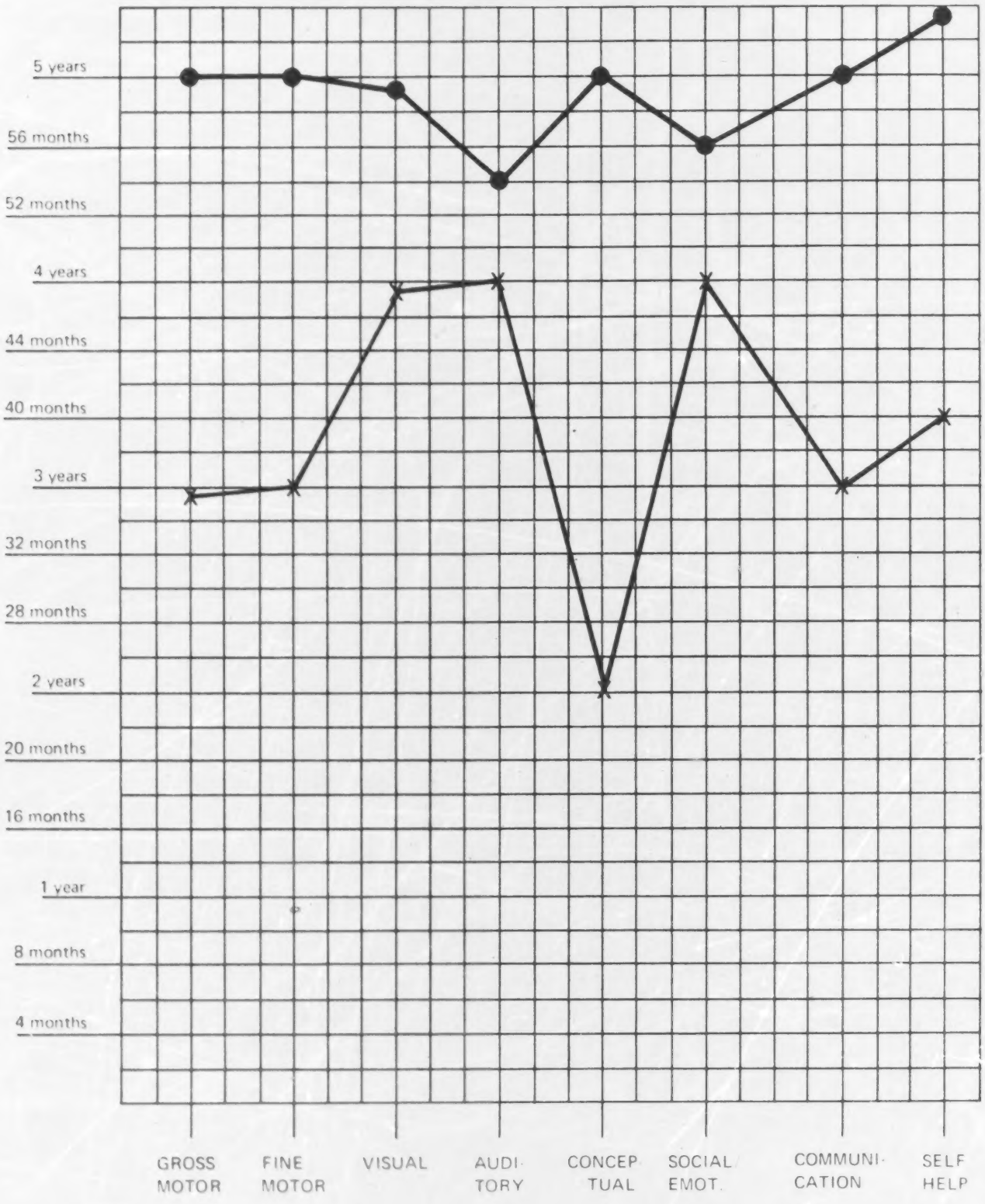


Initial Testing X 1 year, 9 months

Final Testing ● 2 year, 3 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

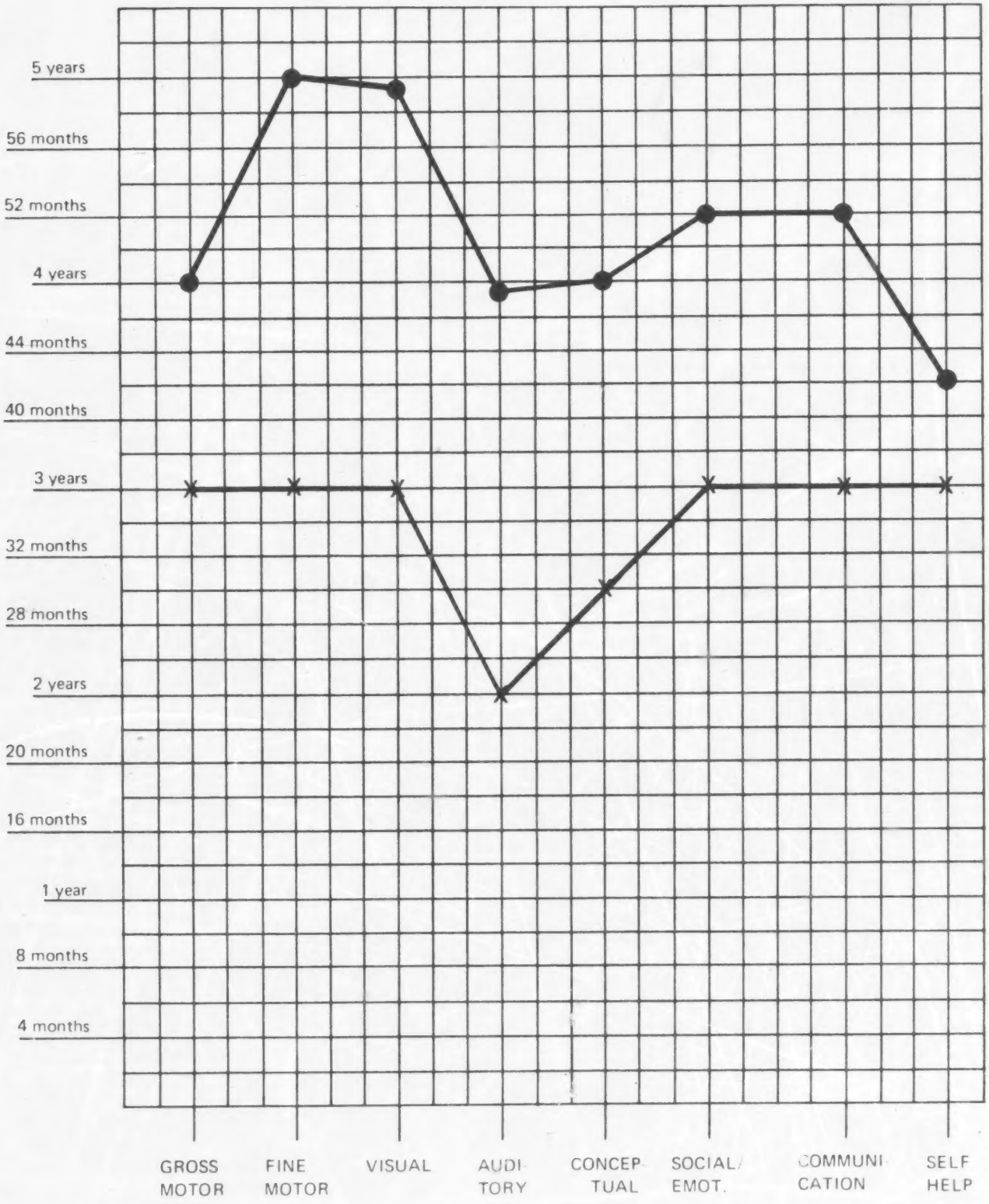


Initial Testing X 5 years

Final Testing ● 5 years, 7 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

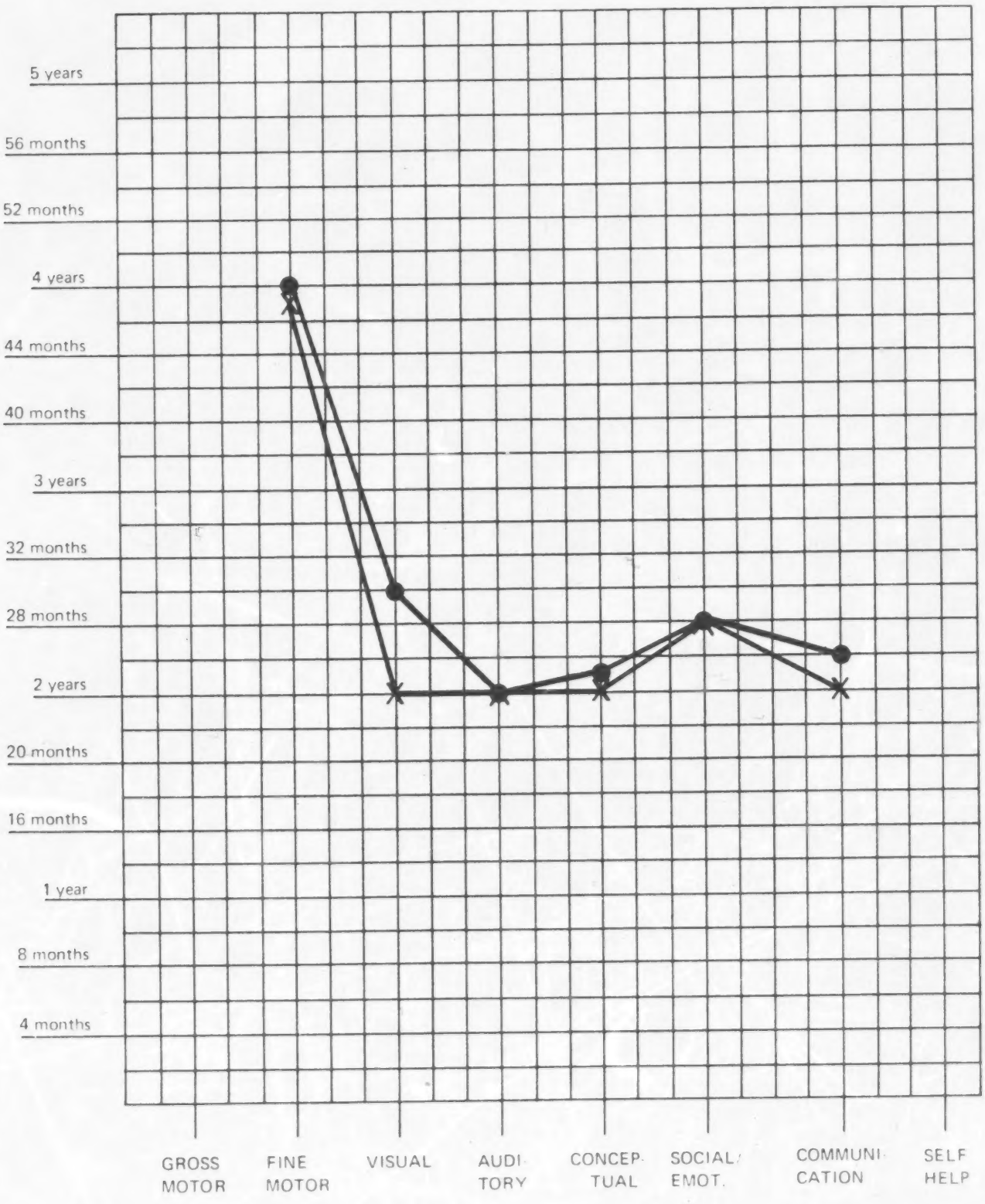


Initial Testing X **4 years, 3 months**

Final Testing ● **4 years, 10 months**

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE

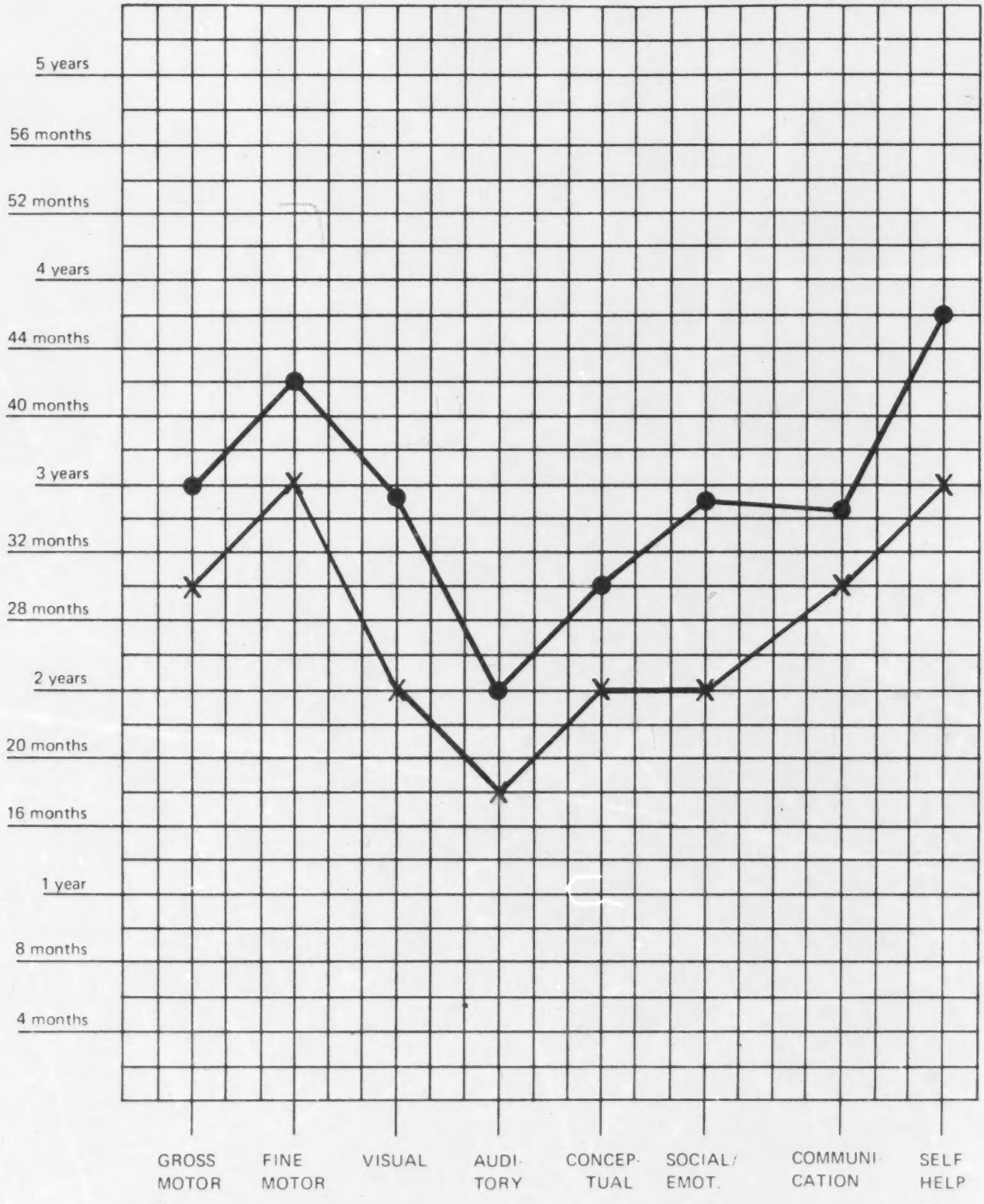


Initial Testing X 4 years, 1 month

Final Testing ● 4 years, 4 months

DEVELOPMENTAL EVALUATION

BEST COPY AVAILABLE



Initial Testing X **4 years, 2 months**

Final Testing ● **4 years, 6 months**

BEST COPY AVAILABLE

APPENDIX E

BEST COPY AVAILABLE

"The homebound aspect of this program is so wonderful because my baby, due to her heart defect, is extremely susceptible to illness, particularly pneumonia, which hampers leaving home regularly. In the less than three months since her therapy began, unbelievable changes have come about in our baby's development. I have learned ways of stimulating her, that I never would have dreamed of."

Mrs. Edward P. Simoni, Mother of Title VI-B Project Child

"Here, in Allegheny County we have been fortunate to have the much needed resources of the Title VI-B Project for preschool children administered by the Intermediate Unit. This program has gone a long way to improve the delivery of much needed services to handicapped preschool age children, and, if it continues, could go a long way in helping to coordinate the often fragmental delivery of services system that presently exists in Allegheny County."

Mr. William Casile, Director of Preschool Services, Pennsylvania Association for Retarded Children

"This project is very beneficial to handicapped preschoolers. It is definitely a step in the right direction since it aims at prevention by working with children at an early age."

Sister M. Susan, Teacher, Mt. Nazareth Learning Center

"The current trend across the country is for mandated preschool education for the handicapped. Studies have proven the efficacy of systematic early education for the handicapped, both in terms of I.Q. gains and cost analysis. The model that has been established in the Intermediate Unit warrants continuation, and I urge that the AIU as well as the Commonwealth provide funds for this purpose."

Verna Hart, Ed.D., Associate Professor
Coordinator, Program for Early Childhood
Education for the Handicapped
University of Pittsburgh

"Only through a program by the government can these children and their families hope for any help. Only those who have been near a blind or retarded child, can know the wonderful help this organization gives these children. . . . A family just does not have the education to cope with these children."

Mrs. Roy Markey, Relative of Title VI-B Project Child.

"We have seen the children progress in a way that would, at the time of referral, have seemed completely impossible."

Marcella C. Goldberg, Executive Director
Pittsburgh Blind Association

"The therapists that come to our school to work with the children who have special needs are informed dedicated people who are genuinely interested in helping the children."

Celeste Emrick, Director
Valley Child Development Center